

CHEMIST & DRUGGIST

The newsworthy for pharmacy

January 11, 1992

Pharmacy on show in Liverpool

FHSA v LPC: conflict between two interests?

Reprimand over advert for Boots superintendent

Bladder support available OTC

Mary Allen on duty at the NPA's help desk

Scabies and psoriasis, and fitting hosiery

Trade fairs and exhibitions '92

Moss move into Sainsbury

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CHEMIST & DRUGGIST

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Comment

With 11 days of the New Year now spent, community pharmacists have just 20 days to submit their entry for the second *Chemist & Druggist*/Whitehall Laboratories "Fit for the Nineties" Shop Design Award. The current award scheme was launched on June 1 last year and is for pharmacies that have completed a partial or full refit in the period April 1, 1990 to December 31, 1991. The aim of the scheme is to recognise excellence in design that meets both a pharmacy's objectives and the aspirations of its customers. As with the first Awards in 1990 (*C&D* May 19, 1990, p870 and November 10, p850), details of the winning refits will be published in order to pass on ideas for the advancement of pharmacy.

In 1990 the entries were potent examples of the richness in diversity that is found in community pharmacy in the UK. Whether a partial or full refit, many of the designs aimed to promote the professional advisory role of the pharmacist while building on the commercial aspects of the business. And while there was no rush to include counselling areas — nor at first sight is there in the current batch of Award entries — pharmaceutical care is always evident in the minds of the commissioning pharmacist.

There is still time (just) for qualifying pharmacists who may have missed the competition launch to originate an entry, and for pharmacists already involved to complete their entry by the end of the month. Entry forms are available from this office or from Whitehall Laboratories' head office or their field force. With £3,000 at stake overall for the winners and runners up in both categories, success is amply rewarded, while both pharmacists and shopfitters can capitalise on the use of the Award emblem in promotion of their respective businesses.

Judging will take place in February with the winners announced in April. The prestigious panel comprises: National Pharmaceutical Association director Tim Astill; chairman of the board of the National Chamber of Trade Georgina James; president of the National Association of Shopfitters Humphrey Poulton, Whitehall Laboratories' director of advertising services Peter Daisley, with *C&D* Editor John Skelton as non-voting chairman.

So if you have not already "put your best foot forward" this year, resolve to do so now and make your entry without delay. The judges already are relishing the prospect of the task ahead!

Liverpool LPC's seminar for FHSA managers 'a success'

News

A seminar for Family Health Services Authority managers on "Community pharmacists — an underused resource" has been hailed as a success by its organisers, Liverpool Local Pharmaceutical Committee.

The half-day seminar on January 6 attracted 13 senior personnel from Liverpool FHSA. Seminar chairman, Peter West, clinical pharmacy advisor at Liverpool FHSA, told *C&D* that he received positive feedback and the discussion session had prompted some interesting questions and debate.

"When the FHSA was set up, many people in the organisation had an appreciation of what GPs did but they only knew pharmacies by name rather than pharmacists themselves," he said. "This has gone some way to redress that balance."

The afternoon began with an informal demonstration of pharmacy computerised patient medication records and was followed by four sessions on aspects of the role of the community pharmacist.

LPC secretary, Jeremy Clitherow, stepping in at the last

minute when the scheduled speaker was unable to attend, talked about the services provided to drug abusers.

The LPC considers that the FHSA has a central role to play in the management of drug abuse, the seminar was told. The Authority could co-ordinate a multi-disciplinary approach to management involving drug dependency clinics, GPs, community pharmacists, police and local authority social services.

Jeff Max described what the community pharmacist can offer patients in long term residential care, including checking drug therapy and administration, training, and advising home managers and staff.

Ideas here were well received, said Mr West. The FHSA is aware of

Liverpool's falling total population but also the increase in the proportion of elderly people.

Joe McCann spoke on the consequences of adverse drug combinations, expanding on the use of computers, while Mike Kirk detailed the cost implications and benefits of providing health promotion through pharmacies.

Topics discussed at the end included advising the parents of drug abusers, differences in the advice given by pharmacists and GPs, providing pharmacy advice to schools, and pharmacists' involvement with fund holding GPs.

Half-day liaison visits by FHSA staff to local pharmacies may occur in the future, said Mr West, possibly with contractors visiting the FHSA in return.

LPC secretary Jeremy Clitherow

echoed Mr West's enthusiasm for the seminar. Having gained FHSA and LMC support for the future role of pharmacy in Liverpool, the LPC was now putting firm proposals to the FHSA, he said.

A working dinner with representatives of the Regional Health Authority will take place in early March. "If the pattern works locally, it makes sense to take it to a regional level," said Mr Clitherow.

Use your Council member

Pharmacists do not make proper use of their members of Council, says recently elected RPSGB Council member John Carr.

"Since I have been elected I have not had one single letter on a political matter. Council members should be used as a sounding board for members' opinions," he said recently at a Young Pharmacists Group meeting.

He listed practice standards among his current concerns — "something as a profession we have got to get right" — and said he would have liked to have seen a community pharmacy special interest group within the Society. He also expressed concern over the lack of progress and knowledge on European issues.

YPC members expressed concern about the impersonal way Council elections were conducted and the lack of information other than the official manifesto on candidates. Mr Carr revealed that candidates this year are likely to face even greater restrictions on promoting their views in the run up to the ballot.

The poor quality of the membership card was also attacked.

Any NPA candidates?

The three-year term of office of the National Pharmaceutical Association's Board of Management expires at the end of March. Members of the current board are eligible for re-election and all have agreed to stand again except Peter Taylor (Staffordshire) and Donald Ross (East Midlands).

Nomination forms are enclosed with the January issue of the NPA's Pink Supplement. Those who would like further information about the duties of an NPA Board member, or any other clarification should contact Valda Elson at the NPA on 0727 832161 ext 211.

Script profits down

Pure profit from dispensing activities fell dramatically from 11.02p per prescription in 1988, to 6.01p in 1989 — the year in which the new contract was introduced.

According to figures presented in the Commons by Health Minister

Virginia Bottomley, pure profit rose steadily from 6.81p in 1981 and peaked at 11.02p in 1988, before falling to below 1981 levels in 1989.

Interest paid on capital invested rose steadily from 8.61 per cent in 1981 to 13.18 per cent in 1989.

YEAR	INTEREST		PURE PROFIT	
	ACTUAL PRICES	CONSTANT PRICES	ACTUAL PRICES	CONSTANT PRICES
1985-86	11.19	16.14	9.60	13.85
1986-87	10.62	14.84	10.12	14.37
1987-88	10.37	13.74	11.02	14.60
1988-89	13.18	16.29	6.01	7.43

Following the new arrangements for remuneration of pharmacists from April 1989 onwards, estimates of the amounts due for profit are no longer calculated as separate items of remuneration.



Pharmacist Dilip Chauhan (second left) and his wife Urmila celebrated the relocation of Normandy Chemist last month with the MP for St Albans, Peter Lilley, and councillor Gordon Myland. Mr Lilley officially opened the relocated pharmacy which has moved from the town centre to a more residential area. Although the new location has attracted some new trade, Mr Chauhan says he is now "on the doorstep" for his regular customers. Also pictured are Mr Chauhan's brothers Manhar (far left) and Pravin (far right)

GPs queried on pharmacy

GPs are being asked if they think they should provide full pharmacy services, including OTC medicines. They are also being asked if they would like to see other professionals, such as pharmacists and health visitors, as profit-sharing partners in their practices.

The questions form part of a survey being carried out by the British Medical Association, covering a wide range of topics from the services GPs provide to how they should be paid. Other controversial questions ask doctors if they agree with GP fundholding, if they want to abandon their 24-hour responsibility for patients and if they should charge patients for home visits.

The results will be published in April and, if GPs are found to favour changes in policy, these could form the basis of motions put to the local medical committee conference in June.

● The Medical Practitioners' Union has denied Press reports that it has withdrawn its opposition to budget holding in general practice. It remains convinced that budget-holding is leading to a two-tier system but welcomes the Government's proposal to give all GPs a greater say in the funding of healthcare priorities and content.

Pharmacist supplied Greek addicts

An Edgware pharmacist who supplied drugs to addicts in Greece was struck off the Pharmaceutical Register on December 19, 1991. The Royal Pharmaceutical Society's Statutory Committee heard that the drugs were worth £112,000 on the black market.

On January 14, 1991, Jonathon Greene, of 55 Harrowes Meade, Edgware, was fined £1,000 and given six months imprisonment suspended for two years on each of seven charges of selling a medical product without prescription, together with £500 costs. Forty seven other offences of selling Temgesic, DF118 and oxazepam without prescriptions were taken

into account. The sales were made between January 1986 and May 27, 1989 from his pharmacy at 172 Kenton Road, Kenton, Middlessex.

Mr Joselyn Hill, solicitor for the Society, said that at the time Temgesic was not a Controlled Drug. "Prescriptions written by a Greek doctor are null and void for the purposes of this country. Mr Greene was supplying mainly Temgesic to Greek persons mainly in Greece, without English prescriptions."

Some 44,850 Temgesic tablets, 3,920 ampoules and about 3,000 DF 118 tablets were supplied over the period, the Committee was told. These were treated as private prescriptions and Mr Greene was paid about £16,300 for them.

The matter was investigated by the Drugs Squad and Mr Greene explained Greek prescriptions had been brought to him from

Blackheath Hospital. Eventually he admitted there were no English prescriptions to cover the supplies.

Giving evidence, Mr Greene said he owns just one pharmacy but has an interest in a pharmacy at 14 Hampstead High Street, Hampstead. Initially he began supplying irregularly on English prescriptions. He then began to supply without any prescription because the patients could not afford to pay doctors. At first he was told they were sick, not addicts.

Mr Gary Flather, QC, chairman of the Committee, said: "Mr Greene, as a responsible pharmacist, must have recognised the risk of seepage on the black market. It is regrettable that he conducted operations which he knew were unlawful."

"There is no alternative than to make an order that Mr Greene's name shall be removed from the Register."

Boots superintendent admonished over advert

A Boots advert in *The Times* went "way over the top" and exploited carers' fears, the Statutory Committee of the Royal Pharmaceutical Society has decided, although it made no order against the company. The then superintendent pharmacist Colin Baldwin has been found guilty of "serious and obvious" misconduct, but the Committee decided against striking him off the Register.

The judgment comes after a private complaint by Liverpool pharmacist Mr H.M.J. Kirk to the Committee, alleging that an advertisement in *The Times* on May 10, 1990, infringed the Royal Pharmaceutical Society's Code of Ethics.

The Code states that an advertisement must not be misleading, critical of services provided by other pharmacies nor make any claims of superiority.

The Boots advertisement, which sought to promote to professional carers the monitored dosage system used by the company, appeared alongside a feature on care of the elderly and was "offensive, scaremongering and denigratory" suggesting that "lives were being put at risk by non-monitored dosage systems," said Mr Kirk.

In a written judgment made a month after the hearing (*C&D* Nov 30, 1991) the Committee chairman, Mr Gary Flather QC, said: "In our view the tone of this advertisement is abhorrent in a pharmaceutical setting. It is written and presented in the language of a life assurance salesman. Its message is stark and strident."

Mr Flather added: "All this may be a clever advertising technique but it has no place in pharmaceutical advertising. We see it as an attempt to sell by frightening

the reader. We agree with the complaint that in a pharmaceutical setting this advertising of professional services is offensive."

"We believe it to be unwarranted scaremongering. It is unwarranted to highlight death in all the magnitude that this advert does. We regard this advert as neither dignified nor discreet but as one that is unprofessional and is likely to bring the profession into disrepute."

In his defence Mr Baldwin maintained that he had believed the advertisement was to be placed in a special supplement targeted at professional carers and would only be read by such individuals. However, the Committee felt there

was no justification for thinking that an article in a national newspaper supplement would not be read by the public.

The Committee regarded Mr Baldwin's misconduct serious enough to render him unfit to remain on the register but after due consideration ordered that an admonition be addressed to him.

The Committee decided that no action was to be taken against Boots as it was "in no way the policy of the company to conduct an advertising campaign outside the Code."

• Mr Baldwin has since been succeeded as pharmacy superintendent at Boots the Chemists by Mr Marshall Davies.

Struck off for drink driving

A Devon pharmacist, starting to rebuild his life after he was caught drinking-driving, was struck off the Register by the RPSGB Statutory Committee on December 19, 1991.

Neil Henderson, of 21 Nelson Road, Westward Ho, Bideford, had been running a pharmacy with his wife when, in November 1990, she found him drunk in the pharmacy. He resigned as superintendent pharmacist because of his drink problem and is now separated from his wife. On March 20, 1991, at South Molton Magistrates Court he admitted drink-driving and was fined £250 with £35 costs and was banned from driving for 18 months. He came before the Committee as a result of this conviction.

Mr Joselyn Hill, solicitor for the Society, said he was stopped on February 23 because his driving was erratic, and was found to be two and a half times over the limit.

Giving evidence Mr Henderson said he is still at a rehabilitation

centre for his alcoholism and is now in an extended care unit. "In a way I am grateful I was stopped. It has given me the opportunity to do something about my drink problem. I do not anticipate returning to pharmacy in the near future. It is like starting again," he said.

He expects to leave the care unit at the end of January. He told the Committee he thought it would be "ideal" if his name was removed from the Register.

Committee chairman Mr Gary Flather, QC, said: "We have been impressed with Mr Henderson. He has a lot of bridges to build. We have a duty to the public that they are not put in any peril. Our decision is that his name be removed from the register. We are not concerned with punishment. It is a step in Mr Henderson's rehabilitation." Mr Henderson was asked to come back to the Committee when he is better, bringing with him a medical report.

Drug misuse guide

The Department of Health has published revised guidelines on clinical management of drug misuse and dependence (HMSO, £6.25), in the light of developments since the last guidelines were published in 1984. Strategies include advising how to obtain sterile injecting equipment and condoms, and how to clean injecting equipment if it must be re-used.

Clawback figures

There have been 102 repayments totalling over £61 million to the Government by 38 companies since the current Pharmaceutical Price Regulation Scheme was introduced in October 1986, says Health Minister Virginia Bottomley.

Boost for GP services

Health Secretary William Waldegrave recently announced that £659 million will be made available to fund improvements in GP services. The money will be available for improvement of practice premises, practice staff reimbursement and the continued development of computerisation of practices.

Pharmacy numbers

There was a net increase of 22 pharmacies in Great Britain in December. In England 20 businesses opened up while 10 closed down, with figures for London five and one respectively. In Wales two pharmacies opened up as did three in Scotland with no closures in either country. The total number of registered premises in Great Britain is now 11,960.

Record rise in AIDS

November 1991 saw the highest number of reported AIDS cases in any one month. The 158 new cases bring the cumulative total of reported cases to 5,348, according to the latest figures for the UK.

Quest Vitamins

In the Price List Supplement of December 14, 1991, Quest Vitamin's products were in error placed under Phoenix Healthcare Ltd. We apologise for any inconvenience caused.

Cost of FP10(HPs)

The Prescription Pricing Authority annual report shows that in the year to March 1991 there was a fall in the cost of FP10(HPs) dispensed from £16.29m in 1989-90 to £15.93m (not as stated in *C&D* December 21/28). This was the first fall in 10 years, although the number of prescriptions dispensed rose marginally to 2,843,180.

Wrong initials

Last week's Northern Ireland Notebook referred to a recent contract application decided by the Pharmacy Practice Committee (PPC) of the Eastern Health Board. Regrettably the abbreviation PCC was used in error. The Pharmaceutical Contractors Committee, although representing contractors, does not decide on specific pharmacy contract applications. Our apologies.

FHSA or LPC — which hat?

Last month, Noel Baumber, Lincolnshire LPC secretary, resigned as pharmacist member of the Family Health Services Authority. He claimed this was due, in part, to difficulties in reconciling FHSA membership with responsibilities for contractor interests. In the light of this decision, C&D talked to other pharmacists who face a similar situation

When family health services authorities came into existence in September 1990 the professions, including pharmacy, were represented by a non-executive post. In practice, the pharmacists who filled these posts were those already active in local NHS affairs, often members of their local pharmaceutical committee.

From the outset, the Pharmaceutical Services Negotiating Committee considered that the ideal FHSA pharmacist member was one with suitable LPC experience, such as the secretary. This person would have knowledge both of the area and of local and national pharmaceutical matters. However, with time, LPC members taking on this dual role have experienced some difficulties in reconciling the decisions of the FHSA with the interests of the local contractors. It was these difficulties, coming to a head in Lincolnshire, that led to Mr Baumber's resignation.

Rural problems

One of Mr Baumber's roles as pharmacist member of Lincolnshire FHSA was to sit on the Rural Practice Standing Committee. It was here that his problems occurred. As LPC secretary, his responsibility to contractors was to further the cause of rural pharmacy, particularly as just over half the GPs in the area are what Mr Baumber describes as "trading doctors". Frustrations occurred when the FHSA and LPC took opposing positions on rural issues. "It was difficult for me to be seen to be both bodies," he says.

"You tend to get a lot of emotive stirrings in rural backwaters when GPs feel threatened by pharmacists, even when the pharmacists have a right to be there," says Mr Baumber. When this occurred, the FHSA, being "a political beast", tried to resolve the problem with the public in mind, something not catered for under the Clothier arrangements.

In his resignation letter, he claims that, at a national level, several FHSA non-executive pharmacist members have expressed similar problems and are "likewise resolving the issue by standing down". However, when C&D spoke to him, he made it clear that his decision was very much an individual one.

Mike King, PSNC's assistant secretary, says he is not aware of any other FHSA pharmacist members



experiencing difficulties with their dual roles. "PSNC thinks it's a useful background for the FHSA pharmacist member to be an LPC member," he says. However, Mr King accepts that there could be areas of overlap. If this causes problems, then resignation is a correct course of action.

Mr Baumber agrees that FHSA pharmacist members do not have to be separate from the LPC but, he says, an ordinary member would be preferable as they would not have a public face to worry about.

Somerset's Michael Chapman shares this view. He finds he copes well with his dual role because it combines being a FHSA pharmacist member and LPC vice-chairman. "I feel quite comfortable about being a member of the LPC and the FHSA pharmacist member but I wouldn't feel as comfortable with fellow members if I was the LPC chairman or secretary," he says. "These two jobs, as defined, are to look after contractors' interests and that must come first. There is a different emphasis to being the FHSA pharmacist member."

Mr Chapman says that if, in his role as LPC vice-chairman, he was asked to make a comment that would conflict with his FHSA role, then he would ask someone else to make that comment for him. Although Somerset does have its share of rural applications, he admits that the situation is not as volatile as that in Lincolnshire.

Mr Chapman also agrees with other FHSA members who find a benefit in having links with the LPC.

Since FHSAs came into existence, he says, there has been an important shift towards a greater concern for the quality of patient care, rather than just the well-being of the professions.

Walking tightropes

Peter Jenkins, LPC chairman and pharmacist member of Mid-Glamorgan FHSA, believes it is essential that there are close links between LPC and FHSA. He points out that in the new administration, FHSA lay members may not be experienced in health issues and might need guidance from professional members.

He finds no conflict in handling his dual role because, he says, he makes a distinction in his work. "If any potential conflict arises I make arrangements for someone else to attend meetings."

Mr Jenkins also acknowledges that there is a potential for conflict when the same person sits on both LPC and FHSA, but pharmacists, he says, are capable people. "We walk many tightropes in our professional lives and this is just one more," he says.

When Jeremy Clitherow, Liverpool LPC secretary and FHSA pharmacist member, is asked about any possible conflict, he replies that he finds the exact opposite is the case. He stresses that as a pharmacist member of the FHSA he is employed for his personal qualifications, not just for his pharmacy expertise. He believes that Liverpool has possibly one of

the hardest working LPCs in the country for which, he says, he is very grateful. Without this he would be very much a lone crusader.

He is hoping the LPC will come up with practical healthcare topics which can be documented and suggested to FHSA as a template of the ideal practice of pharmacy. Liverpool is looking to other LPCs to do the same and, through the media, document and record these and adjust plans accordingly.

Detrimental

Martin Bennett, Sheffield LPC secretary and FHSA pharmacist member, believes Mr Baumber's resignation will be detrimental for pharmacy, particularly as it means he also has to step down from the National Association of Health Authorities and Trusts' FHSA Standing Committee. "I am sorry to see him go," he says.

He believes that the rural nature of Lincolnshire and the particular problems that doctor dispensing presents were behind Mr Baumber's move — something that does not happen in Sheffield. "Provided both the FHSA and the LPC realise that you're not necessarily going to be a voice for them in opposing camps then problems can be avoided," he told C&D.

Mr Bennett says he can write to the FHSA on behalf of the LPC and put forward its case but at FHSA meetings he has to be more of an individual. "The plus side to the dual role is that you know what everyone is doing," he adds.

Flu epidemic warnings continue

Speculation continues that the UK may suffer a flu epidemic this Winter, with recent Press reports of cases in Scarborough, Newcastle, Birmingham and South Wales.

While official figures have yet to show evidence of an epidemic, there are suggestions that some illnesses may be caused by a milder, upper respiratory tract infection caused by several different strains of virus.

Jennifer Zisman of the Influenza Monitoring and Information Bureau confirmed that there have been reports of a flu-like illness but until these are confirmed as being caused by the flu virus, any talk of an epidemic was "mere speculation".

The virus likely to be implicated is A/Beijing that caused a number of cases of flu in America, closing schools in Tennessee and Ohio before Christmas. In addition, Ms Zisman said there had been reports of an epidemic in France in the last two weeks in December caused by two types of A/Beijing.

However, the IMIB is advising that the flu vaccine formulation currently available can protect against these particular strains and that there is no shortage of vaccines in the UK.

Latest figures from the colds and flu monitor run by Meditex Ltd for Smithkline Beecham show a distinct rise in the incidence of colds and flu with some degree of regional variation.

In South Wales two elderly patients died from illnesses triggered by the virus, according to the *Daily Mail* (January 7). All seven major hospitals in the Birmingham area have been on alert since last Friday. Admissions there are said to have risen by 25 per cent since Christmas.

Act denies pharmacists

Pharmacists cannot be exempted on moral grounds from supplying abortifacient drugs.

According to Health Minister Virginia Bottomley, section 4 of the Abortion Act 1967 allows conscientious objectors to be exempted from participation in the abortion process, but only if those individuals are "directly involved in the handling of fetuses and foetal tissue".

There are no plans to change the law to grant exemption to other health personnel not directly involved.

In a written response to the Commons on December 19, Mrs Bottomley said: "Hospital managers have been asked to apply the principle of section 4 to any ancillary staff who express a conscientious objection to participation in that activity."

Striking back against the Consumers' Association

Having castigated community pharmacy, the Consumers' Association this month has turned its attention to exhaust centres. Now I know the motor trade is miles away from my, so called, cloistered world but the attitude of the CA is the same in both cases.

From an association championing the rights of the disadvantaged in a predatory society it has turned its attentions to exposing the apparent inadequacies of respectable organisations by pillorying them in public and without any right of reply. The Press meanwhile lap it up, being able to report with smash headlines the guilty verdict reached on a nationally known name, while hiding behind the skirts of authenticity afforded by the reputation of the Consumers' Association. The welfare of the consumer has taken second place to spurious exposés which attract the maximum of cheap publicity for the CA while destroying public confidence in the genuine and leaving the consumer confused and exposed to the sharks from whom this self-appointed



association was originally established to protect them.

I have demonstrated my dissatisfaction by cancelling my subscription to *Which?* A small protest, maybe, but one which if repeated many thousands of times might persuade the Consumers' Association that its present approach is alienating those on whom it relies for vital subscription support. Large headlines in the national tabloids may raise its profile but will they raise its income?

Nearly in deep water with the bubble bath

Novelty bubble baths still sell steadily as they are an inexpensive but acceptable present for children from their more distant relatives. I have always stocked them and will continue to do so but a little more carefully in future after the, fortunately, false alarm that erupted late one afternoon.

A distraught mother phoned me to say that her mentally handicapped son had drunk half a can of "Old Soak foam bath" and what should she do? On closer questioning it seemed the whole family has been ill and the son was last in line for the dreaded bug. He had been violently sick while playing with a half used can of this foam bath and his mother had jumped to the inevitable conclusion. On discovering that there was no foam in the resultant mess, or in the water when clearing up, I suggested she watched her son closely for any signs of distress and take him to casualty if necessary.

She phoned back later to say that all was well and Darren had

actually poured it down the bath! A false alarm with no harmful consequences but the container had no warning on it regarding toxicity or any indications as to what to do if swallowed. I know that no foam baths contain explicit warnings but this particular novelty pack was deliberately made to look like dad's lager and as such there should be recognition by the manufacturer of the increased danger of it being swallowed by a child, or in this case by a mentally handicapped adult. Certainly next year I will look very carefully at the novelty packs I buy for Christmas and will refuse to stock any which, even by accident, could compromise a child's safety.

The right style for Micropore

How was it for you then? Did the earth move or was your Christmas trading the predicted shadow of its former self, with the New Year sales further delaying the return to normality? I have to admit that for me the former is true and much as I love the excitement of this season I am pleased it is now all over. Next week the kids are back at school and, with the surviving decorations removed safely to the stockroom, sanity should once more be restored to the shop.

As always Dotty put our decorations up using Micropore tape because it seems to cause less damage to painted surfaces than its Sellotape competitor. Being a conscientious lass she used the parallel imported type because she knew that this was cheaper than the UK equivalent and, as she admitted afterwards, "that dispenser pack was a lot easier to use".

Customer demand is one of the reasons I now stock the PI pack, and having used the product I have to agree that the patients are correct and it is much more convenient. At the moment we have the ludicrous situation whereby we use a parallel imported product not only because it is cheaper but because its convenience is much preferred by the patient. Come on, 3M, forget about all those "own brand" Micropore packs now circulating in the UK and introduce a universal European dispenser pack. It must make ultimate economic sense for you, and the patients would prefer it.

Topical REFLECTIONS



How Asilone succeeds where others don't.

Unlike products that simply block reflux by rafting action, Asilone attacks the cause of indigestion and heartburn: excess acid.

It neutralises gastric acid and combats wind, whilst gently soothing the stomach lining.

The balanced formula of Asilone Liquid offers both fast action and a lasting effect. In addition, Asilone is extremely low in sodium, which makes it suitable for people on low-sodium diets.

This is why so many doctors prescribe Asilone. And why you can confidently recommend it.



Your recommendation
for indigestion



To obtain a free product sample and a comprehensive Professional Guide, write to:
Asilone Information Pack, P.O. Box 12, Nottingham NG7 2GB.

Counterpoints

Napp launch Betasept antiseptic range OTC

Napp Consumer Division have launched Betasept, a range of three OTC products containing povidone-iodine. The company says Betasept will be confined to pharmacies despite its GSI status.

Betasept antiseptic gargle and mouthwash (150ml £1.95) contains 1 per cent povidone-iodine for acute mouth and throat infections — viral, fungal or bacterial — in adults and children over six years old. A 10ml measure should be used neat or diluted with an equal volume of warm water and gargled for 30 seconds. This should be repeated up to four times daily for up to 14 days.

Betasept shampoo (125ml £2.95), containing 4 per cent povidone-iodine, is indicated for seborrhoeic conditions of the scalp. Two applications should be applied to wet hair and the treatment repeated twice weekly until the condition improves.

Betasept acne wash (125ml £2.85) is an antibacterial cleansing solution containing 7.5 per cent povidone-iodine solution, and is licensed for acne vulgaris of the face and neck. The wash should be applied with moistened cotton wool and worked up to a rich lather before rinsing and repeating.

Equivalent products in the Betadine Pharmacy only range are Betadine gargle and mouthwash, Betadine shampoo, and Betadine



scalp and skin cleanser. Betadine should be seen as a separate business to be promoted ethically, say Napp.

Betasept will be

supported with POS and window display material, plus an advertising campaign in women's magazines and the national Press commencing this

Spring. A free pack of Betasept shampoo will be sent to all independent pharmacies this month. Napp Laboratories. Tel: 0223 424444.

Clippasafe harness

Clippasafe have introduced a new easy wash baby harness to their range.

The new design has no metal parts; all clasps and fittings are of rigid nylon/acetal making the harness completely machine washable. It has adjustable shoulder and waist straps and comes with a detachable walking rein. Adjustable straps which allow for use in high chairs, prams, carrycots and pushchairs are also included.

The new harness will retail at (£5.99). Clippasafe. Tel: 0602 211899.

Convenient Marigold

LRC Products are introducing small size packs of Marigold gloves.

Six pair packs of small and large sizes of Extra Life and Light Touch Plus are available and all three sizes of Fleur. The medium size Extra Life and Light Touch Plus remain in boxes of a dozen. LRC Products. Tel: 081-527 2377.

Free music tokens on Shockwaves

Wella are offering consumers free £1 EMI record vouchers with any purchase from the Shockwaves range.

To apply for a free voucher, customers need to buy one product from the range and fill in a leaflet,

available at point of sale, attach the receipt and send it off. The voucher can be redeemed against any tape, record, CD or video until December 31. Consumers can apply for a maximum of ten vouchers. Wella Great Britain. Tel: 0256 20202.

AAH bring music to the ears

AAH Pharmaceuticals have teamed up with Smithkline Beecham to offer pharmacists free gifts on their Winter remedies range.

A selection of cassettes, compact discs and audio equipment is on offer with every case ordered from the range, working on a points system. The promotion runs until January 31. AAH Pharmaceuticals. Tel: 0928 717070.

Richer Palmolive foam bath

Palmolive foam bath has been relaunched, with a richer formulation containing moisturisers and conditioners.

The foam bath is available in 500ml bottles (£1.73) and comes in two variants — one designed for normal skin (with vitamin E) and one for sensitive skin (with aloe vera). Colgate-Palmolive. Tel: 0483 302222.

Ciba put Mu-cron on TV

Ciba Consumer Pharmaceuticals are launching a television advertising campaign for Mu-cron.

The commercial will run for two months, reaching about 85 per cent of the target audience, say Ciba. Total spend for the campaign is about £1 million. Ciba Consumer Pharmaceuticals. Tel: 0403 0101.



Sanatogen one-a-day cod liver oil capsules, which are equivalent to three of the standard capsules, are being launched this month. Each oval shaped capsule contains 100 per cent of the recommended daily amounts of vitamins A and D, plus 72mg of EPA and 63mg of DHA. On the packs (50 £2.99, 100 £4.85), the benefits of all these ingredients are explained. The new capsules are being supported with regional television advertising this Spring with a national equivalent spend of £1.5 million. Fisons Consumer Health. Tel: 0509 611001

Plénitude gets Active Wrinkle Control

L'Oréal have added Active Wrinkle Control to their Plénitude range of skincare products.

A light moisturising cream intended for daily use, it contains hydrating agents, UV filters and a bio-proteinic concentrate which, say L'Oréal, helps smooth away fine lines and wrinkles.

In trials carried out by the company the product is said to have achieved an 85 per cent satisfaction rate after three weeks of daily usage.

The new cream is available in 40ml pots (£7.29) or tubes (£6.29), with a free sachet of Plénitude Contour Regard eye cream provided with the first 200,000 packs.

Over £3 million will be spent to support the launch with an advertising campaign in women's magazines beginning this month. The product will be also be advertised on

television for six weeks in all regions commencing mid-March.

Promotional support will involve the door-to-door distribution of two million free sample sachets. Active Wrinkle Control will be

available initially in trial size mini-pots (15ml £1.99) with a 50p off next purchase coupon. Plénitude now holds a 17.5 per cent share of the UK skincare market, say L'Oréal. Tel: 071-937 5454.



New B&H Baby Safety looks set at the right temperature

The Baby Safety set is the latest innovation for infants from the B&H Group, makers of liquid crystal thermometers.

Each set (£6.99) contains a Body-temp forehead thermometer, and thermometers for the bedroom and bath, along with a Medi-dropper and

Medi-spoon and a free 100 per cent cotton flannel.

The thermometers are available individually at £1.99. The launch of the Baby safety set will be supported in the women's and parental Press by a PR and sampling campaign. B&H Group. Tel: 0562 825100.

Van Gogh makes a fragrant new impression with Grand Fleuri range

A new fragrance is being launched to the UK market — Van Gogh Grand Fleuri, created by fragrance house Royal Sanders.

Already launched successfully in several European countries, Japan, the Middle East, South America and the Caribbean, the fragrance will be distributed to pharmacies by Perfumery Agencies.

The fragrance evokes images of sun, colour and flowers. Top notes contain marigold, tangerine and bergamot; heart notes include peony, ylang ylang, orange blossom and violet; base notes contain heliotrope, honey, vanilla, sandalwood and patchouli. The packaging is based on a combination of Van Gogh's famous blue irises and yellow sunflowers.

The range includes 10ml parfum (£39.95), 50ml eau de parfum (£25.95), 100ml, 50ml and 30ml eau de toilette (£32.50, £21.95, £12.50) and 50ml eau de toilette splash (£17.50).

The fragrance is complemented by a bath and body care range, which includes creme bath (200ml £15.95), bath gel (200ml £15.95), soap (150g £7.95), body lotion (200ml £15.95) and deodorant (100ml £12.50).

The fragrance will be



supported by a £793,000 advertising and marketing campaign, which will include a run of Press adverts in women's magazines and Sunday supplements, including scent strips.

Point of sale material is provided and there is a range of introductory parcels to suit both small and large outlets, say Perfumery Agencies. Tel: 081-646 0344.

New Year boost for Bisodol

A poster campaign this month with 6,000 sites nationally, will urge consumers to "Say hello to 1992 and good 'Bisodol' to indigestion".

All the 5ft high posters will appear on Superlites in prime locations in shopping centres and bus shelters

close to pharmacies. The campaign comes shortly after the launch of the Bisodol spearmint variant.

The brand has an 11 per cent share of the £14 million pharmacy antacid market (exc Boots), say Whitehall Laboratories. Tel: 071-636 8080.

Colgate emphasise calcium

Colgate-Palmolive's great regular flavour toothpaste gets a kickstart to '92 with a £4 million TV campaign.

The campaign emphasises the importance of calcium, together with fluoride, in helping to strengthen teeth.

The commercial is part of £17m being spent on advertising for all Colgate oral care brands during the year, say Colgate-Palmolive. Tel: 0483 302222.

Numark teddies

Numark are offering consumers the chance to win 500 teddy bears on purchases of Ultra Toddler 20s nappies.

An entry form is attached to each promotional pack of the nappies. Proposers of the 500 most original names for the Numark teddy will receive one. Numark Management Ltd. Tel: 0827 69269.

Vantage ear drops

AAH Pharmaceuticals have introduced earwax remover drops to their own label range.

The drops come in a 10ml bottle with integral dispenser (£1.49). Outers of 12 have a trade price of £10.14. AAH Pharmaceuticals. Tel: 0928 717070.

Nappy bags

Unichem have extended their own label baby care range with the addition of nappy disposal bags (£1.09).

Fragranced with tie close handles, the bags come in a dispensing box (outers of 12 £8.64). Unichem plc. Tel: 081-391 2323.

Now even more smokers are about to get the message



Since its OTC launch, Nicorette has already quadrupled the size of the OTC smoking cessation market. With over 80% of sales, Nicorette continues to out-sell its nearest rival by 8:1.*

Now with a planned expenditure of £3 million, Nicorette will generate even more sales through your pharmacy in 1992.

TV advertising, national press, underground posters and attractive point-of-sale materials – a campaign guaranteed to ensure that virtually every smoker in the UK will see Gray Jolliffe's memorable campaign.

Don't miss out on New Year's Day demand – contact your local wholesaler or your OTC Kabi Pharmacia representative **NOW**.

Your No. 1 Choice In Smoking Cessation



Kabi Pharmacia

* Nielsen, Sept/Oct 1991



We're delighted with the resp



Well who wouldn't be? The commercial shows how the natural vapours of pine, menthol and cinnamon help unblock a child's nose, allowing him to sleep more easily.

Since it first appeared sales have increased by 25%. And as we're running it again this winter, you can rest assured



se to our latest TV commercial.

even more mothers are going to be asking for Karvol in future. To meet this demand, Karvol is available in family packs of twenty as well as packs of ten.

So by stocking up now, you'll ensure everyone has a better nights' sleep. Including you.



Says goodnight to a child's blocked nose.

Oral-B tune in to the children's sector

Oral-B have added a new range of children's toothbrushes to their portfolio.

Tiny Toon Adventures is a series of four characters taken from the television series the Toonsters. The characters will appear on the handles of the Oral-B P20 brush (£1.45 each).

Character toothbrushes now account for some 79 per cent of children's toothbrush sales, say Oral-B Laboratories Ltd. Tel: 0296 432601.



To Windsor

The Pharmaton range is now being distributed by Windsor Healthcare. The products will be available through wholesalers and the Windsor salesforce, although Unichem will continue distributing the range to its members.

Windsor Healthcare Ltd.
Tel: 0344 484448.

Dimotapp outers

Whitehall are reducing the number of packs in outers of Dimotapp LA; the six and 12 tablet-packs now come in

outers of 12 instead of 24 while the 30s are now available in outers of six, down from 12. **Whitehall Laboratories.** Tel: 071-636 8080.

Bigger Kwai

Kwai garlic tablets are now available in a 560-tablet economy pack (rsp £18.95). This offers a saving of up to 29 per cent. Special promotions will be running on the new pack during January and February. Details from distributors **LRC Products Ltd.** Tel: 081-527 2377.

Vitapet support

Seven Seas are supporting their Vitapet range of pet health supplements with a rerun of their talking boxer television commercial for two weeks in January and February. A Press campaign will run alongside it. **Seven Seas.** Tel: 0482 75234.

Rap-Eze on TV

Rap-eze from Roche-Nicholas will be back on air in February. **Roche-Nicholas Consumer Healthcare.** Tel: 0707 328128.

On TV Next Week

GTV Grampian	C4 Channel 4	TV-am Breakfast
B Border	U Ulster	Television
BSB British Sky	G Granada	STV Scotland (central)
Broadcasting	A Anglia	Y Yorkshire
C Central	TSW South West	HTV Wales & West
CTV Channel Islands	TTV Thames Television	TVS South
LWT London Weekend		TT Tyne Tees

Actifed:	All areas except U
Anadin Paracetamol:	All areas except G
Andrews Antacid:	All areas except U,CTV,LWT
Beecham Hot Remedies:	All areas
Benlylin:	TV-am
Colgate great regular flavour:	All areas
Cough Caps:	All areas
Day Nurse:	All areas
Halls Mentholypus:	All areas
Hofels Garlic Pearls:	G,Y,C,A,HTV,TSW & TT
Macleans sensitive:	All areas
Night Nurse:	All areas
Le Condom:	STV,G,TT,C4
Mu-cron:	All areas except LWT,TTV & TV-am
Oral B Plaque Remover:	All areas
Rennie:	All areas
Sensodyne toothpaste:	All areas except CTV,C4 & TV-am
Seven Seas Pure Cod Liver Oil:	All areas
Seven Seas Evening Primrose Oil:	TV-am
Slim-fast:	All areas
Veno's:	All areas
Wrigley's Extra & Orbit:	All areas

The Biggest Name in Medicated Lipcare

Wintry weather means customers with lip problems. Regular use of Blisteze, with its unique emollient formula will protect, condition and moisturise to keep lips supple and healthy. And when cold sores strike, brand leading* Blisteze will relieve the pain, fight infection and promote rapid healing.

FOR COLD SORES.
DRY LIPS. SORE LIPS.
CHAPPED LIPS.

*Independent market research showed Blisteze to be the most used treatment for cold sores

Bli

Scriptspecials

3M's steroid Autohaler

Aerobec, containing the steroid beclomethasone dipropionate, is the latest product incorporating the Autohaler breath actuated device first launched as Aerolin.

Research shows over 50 per cent of patients using "ordinary" inhalers do so incorrectly. Breath actuated devices radically reduce the potential for human error in the delivery of inhaled treatment, say 3M.

Aerobec (50mcg per actuation) and Aerobec Forte (250mcg) are indicated for the prophylactic treatment of chronic reversible obstructive airways disease; the Forte is for use in those patients who require high doses to control their symptoms.

Aerobec Forte is not recommended for use in children, but Aerobec can be used in a dose of 50-100 mcg two to four times a day.

In adults, the maintenance dose recommended for Aerobec is 200mcg twice daily, or 100mcg three or four times daily. This can

be increased in severe cases to 600-800mcg, with the maximum being 1mg. Aerobec Forte can be used at a dose of 500mcg twice daily or 250mcg four times daily; this may be increased to 500mg four times daily if necessary.

Contra-indications, warnings,

and side-effects are as for similar beclomethasone dipropionate products (see Data Sheet). Each canister provides 200 inhalations (Aerobec £11, Aerobec Forte £25.10, both prices trade). **3M Health Care Ltd. Tel: 0509 611611.**



Ilube discontinued

Cusi have temporarily discontinued Ilube eye drops due to a manufacturing problem. They hope to re-introduce them early this year.

Cusi (UK) Ltd. Tel: 0428 61078.

Anturan OPD

Ciba-Geigy are introducing an OPD format to replace the old 112-tablet pack of Anturan 200mg. It contains 84 tablets (£7.82 trade). **Ciba-Geigy Pharmaceuticals. Tel: 0403 50101.**

Didronel update

Norwich Eaton's new non-hormonal treatment for vertebral osteoporosis, Didronel PMO (**Script Specials**, November 16/23, 1991) is now available. The three month therapy kit costs £40.20 (trade) and has a double prescription charge. **Norwich Eaton Ltd. Tel: 091-222 1882.**

Alvedon to GPs

The paediatric suppositories Alvedon, containing 125mg paracetamol (**Script Specials**, November 30, 1991), are being launched to GPs on January 20. The pack size is ten (£10.50 trade). **Novex Pharma Ltd. Tel: 0491 578171.**

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REAM

New look Burinex

Leo Laboratories are changing the appearance of Burinex 1mg tablets from February 1. They will be white, flat, circular tablets marked "133" on the scored face and with the Assyrian lion on the reverse. **Leo Laboratories Ltd. Tel: 08444 7333.**

Bigger Tarcortin

Stafford-Miller are introducing a 100g pack size for Tarcortin cream, to replace the current 45g size. It will be available from February 3, priced at £3.87 (trade). **Stafford Miller Ltd. Tel: 0707 331001.**

Evans news

New to the Evans portfolio are diclofenac sodium tablets. They are available in packs of 100s in two strengths: 25mg (£9.38) and 50mg (£18.24, both prices trade). Evans have temporarily withdrawn kaolin paediatric mixture 500ml, and all back orders have been cancelled. **Evans Medical Ltd. Tel: 0582 608308.**

Once daily nifedipine

Nifensar XL is a once daily sustained release nifedipine 20mg presentation launched by Rhône-Poulenc Rorer this month.

It is indicated for the management of mild to moderate hypertension, either as a monotherapy or in conjunction with beta-blockers or diuretics.

The recommended starting dose for elderly patients not previously prescribed nifedipine products is 20mg once daily. In younger patients 40mg once daily is recommended. The once daily dose should aid compliance and will be an improvement in tablet taking for polypharmacy patients, say Rhône-Poulenc Rorer.

The tablets should be taken with a little water with or directly after food. They should not be sucked or chewed. Contra-indications, warnings, and side-effects are as for similar nifedipine products.

Nifensar XL tablets are round, yellow and biconvex, and are embossed "N20" on one side. Blister packs contain 28 tablets (£7.56 trade). **Rhône-Poulenc Rorer Ltd. Tel: 081-592 3060.**



Medical Matters

Adjuvant therapy: a winner in breast cancer

Data on 75,000 patients with early breast cancer have revealed that drug or hormonal treatment in addition to surgery can significantly improve the ten-year survival rate. For every million of these patients, it is suggested that systemic adjuvant therapy could prevent or substantially delay 100,000 deaths.

The Imperial Cancer Research Fund cancer studies unit at Oxford University analysed data from 133 randomised trials worldwide on patients with early cancer (in a single breast or spread to lymph nodes in the armpit). Women were followed for up to ten years after treatment to see how those who had adjuvant therapy fared compared to those who did not.

The results, published in *The Lancet* (January 4), reveal that for cancer detectable in local lymph nodes and the breast, 12 deaths per 100 women could be avoided (in terms of ten year survival) by adjuvant therapy. For patients with cancer only in the breast, six deaths per 100 women could be avoided.

Tamoxifen, ovarian ablation below age 50 and polychemo-therapy were shown to cause highly significant reductions in the annual rates of both recurrence and death. Ablation at older ages or immunotherapy did not show these benefits.

Polychemo-therapy was shown to be significantly better than single agent chemotherapy, although a 12-month course offered no advantage to a six month regimen.

Long term tamoxifen (two to five years) was significantly more effective than shorter regimens although differences between doses were not significant.

Between the ages of 50 and 69, chemotherapy plus tamoxifen was better than chemotherapy alone for recurrence and mortality; the combination was better than tamoxifen alone for recurrence. In women under 50 chemotherapy and ovarian ablation appear to be of comparable efficacy and the combination may be even better.

For both tamoxifen and chemotherapy, more improvement

in survival was found at ten years than at five years. Although avoidance of recurrence was seen between 0-4 years, avoidance of death was highly significant both during and after this time.

● Although adjuvant therapy has been proven beneficial after surgery, *Horizon's* programme on breast cancer this week mentioned "neo adjuvant therapy", where drug treatment is given prior to surgery. Although the technique is still experimental, some researchers believe it may offer several advantages.

Most importantly, it may "sterilise" the tumour and prevent the spread of cancer cells by surgery. It is also believed that tumour shrinkage will occur in 90 per cent of women, so minimising

the amount of surgery and radiotherapy required.

● Reassurance that cyclical breast pain is not a symptom of breast cancer is usually sufficient "treatment" and cyclical breast pain is rarely severe enough to warrant drug treatment, according to the *Drug and Therapeutics Bulletin*.

But where pain has lasted more than six months, around three quarters of patients treated with drugs can expect symptoms to improve and this treatment may only be required for six months.

According to the *Bulletin*, there is little to choose between bromocriptine, danazol or gamolenic acid in efficacy. Ineffective treatments include antibiotics, pyridoxine, diuretics and progestogens.

Low fat diets and arthritis

A low fat diet is known to have several health benefits and now, it appears, it can also reduce the pain of rheumatoid arthritis.

"Diet and Arthritis" is the title of a new booklet produced by the Arthritis and Rheumatism Council. Its author, Dr John Kirwan, a consultant rheumatologist at Bristol University Medical School, says: "As far as we can tell at present, low fat diets, cutting out red meat, full-fat milk, butter and confectionery made with butter — together with an increased intake of coldwater fish or vegetable oil — may enable people to take fewer pain killers and anti-inflammatory drugs."

It is thought that the fatty acids in vegetable and fish oils are used by the body to make chemicals that are less inflammatory than those made from fats in a traditional diet.

Copies of the booklet can be obtained by sending an SAE to: Diet Booklet, ARC, Brunel Drive, Northern Road Industrial Estate, Newark, Notts, NG24 2DE.

● Evening primrose oil can reverse neuropathy in patients with insulin dependent and non-insulin dependent diabetes, says a report in *Pulse*.

The results of an unpublished trial have shown that physiological and sensory measurements of nerve function both improved significantly in patients given dietary gamma-linolenic acid. This improvement was found to be continuing two years into the study, and the researchers suggest that GLA might produce a complete reversal.

GLA is believed to work by bypassing the metabolism of dietary linolenic acid to GLA, which is impaired in diabetics.

Another study plans to test whether the drug may have a similar effect in newly diagnosed diabetics, which would prevent neuropathy from developing.

Scotia have applied to the Department of Health for a licence for EF4, an evening primrose oil capsule containing 40mg of GLA.

Zovirax POM to P move?

Wellcome are looking to apply for a POM to P licence switch for Zovirax for the treatment of cold sores. According to the company's 1991 annual report, resources have been allocated for the collection of data on which such an application can be based.

"Zovirax is both a well-tolerated and highly effective medication, and we believe that easier access to it for some indications will be a considerable benefit for many customers," says the report.

A Wellcome spokeswoman confirmed that the company is only looking at cold sore treatments for OTC use in the UK. There is no indication of when the POM to P move may occur.

Acylovir plus zidovudine

Recent Press reports that the combination of acyclovir and zidovudine can improve the survival of AIDS patients are based on preliminary data from a trial that has not yet been fully analysed, according to Wellcome.

The trial was examining the use of acyclovir for preventing cytomegalovirus infection but was stopped because the risk was no lower in the acyclovir group than in the placebo group.

However the trial also showed that survival was significantly greater in acyclovir-treated patients than in those receiving placebo. This is consistent with the findings of an earlier study which is yet to be published.

OVER 70%* OF ALL
WOMEN WILL SEE REPLENS
ON TV THIS MONTH.



REPLENS
VAGINAL GEL



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VAGINAL GEL

REPLENS.
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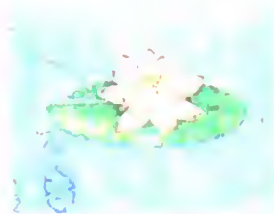
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SO YOU CAN
DISPLAY REPLENS
WITH EVEN
MORE CONFIDENCE

From January 1992, around 8 million women throughout the country will be exposed to a concentrated burst of REPLENS TV commercials.

So make sure you have REPLENS on show, ready and waiting for the rush.

Please place your order via your usual wholesaler.



REPLENSTM
VAGINAL GEL

THREE APPLICATIONS A WEEK FOR FULL-TIME CONFIDENCE

* Over 70% of women will see the television commercial (times on each televised area)

© Columbia Laboratories (UK) Limited, Europa House, 15 St Matthew's Street, London W1P 2TF

Lessening the stress

Stress incontinence affects an estimated one in three women of all ages at some time in their lives. This month a novel solution to the problem is launched.

So common is stress incontinence that one major sanpro manufacturer estimates 40 per cent of its towels and panty liners are bought by women suffering from this condition.

It is caused by a weakness of the urethral sphincter mechanism, often after childbirth or in overweight women, which prevents the urethra from closing tightly enough to withstand any sudden pressure on the bladder. When something as normal as laughing, sneezing or jumping can result in an involuntary leakage of urine from the bladder, it is no wonder that stress incontinence is such a distressing problem.

With any type of urinary incontinence, it is essential that sufferers seek medical or other specialist advice. Many people are potentially curable and most can have the condition improved. Treatments range from simple exercises to strengthen weak pelvic floor muscles, to drug therapy or surgery, depending on the cause.

However due to embarrassment or acceptance of the problem as a part of growing old, less than one in ten sufferers consult their GP. Community pharmacists are often the only professional contact for many incontinent people and are ideally placed to identify the closet sufferer — an elderly woman constantly buying sanitary towels, for example — and suggest that treatment is available.

By careful questioning, pharmacists can also ensure that the person buying incontinence products over the counter has sought medical advice. In

addition, many manufacturers include advice to seek medical help on the packaging of their products or provide information leaflets or a confidential phone-in service. For these reasons selling OTC incontinence products is an important role for the pharmacist.

New to his/her armamentarium is Contrelle (Counterpoints, last week), an internal bladder support designed for women with stress incontinence. It is made from polyvinyl formyl (PVF) sponge, which needs to be softened in warm water before use, and is inserted into the vagina in the same way as a tampon. When in position it supports the urethral neck, helping to prevent urine leakage. It can be left in place for up to 18 hours or used only during periods of physical exercise, according to each woman's individual needs.

Nottingham-based Femcare is the company marketing Contrelle. It specialises in gynaecology, urology and electromedical instrumentation, and its products are used in over 40 countries with exports accounting for around 70 per cent of sales. Its most successful

product to date has been the Filshie clip for female surgical contraception, developed at Queen's Medical Centre in Nottingham.

This is Femcare's first venture into retail. Contrelle started life as the Femcare sponge, having been developed by a sponge manufacturer. They were approached by a woman suffering from stress incontinence. She had found that a tampon would alleviate the problem, but soon became soggy and collapsed. She asked whether a tampon-like product could be made from sponge. A PVF "sponge" was made up and tested, and Femcare was approached.

The product was received well by continence advisors and other experts, and clinical trials were done to assess its effectiveness. One study, published in Holland, concluded that "the Femcare sponge is an adequate aid in patients with mild stress incontinence. In the majority of patients the leaking urine can easily be reduced in 25 per cent of patients and completely stopped in 50 per cent."

It was recommended for the

following indications:

- young women with mild to moderate stress incontinence
- to predict the result of a suspension operation
- women not suitable for an operation due to age or general health.

The product has been sold over the counter in Holland for about a year. In the UK, a classified advertisement was placed in a women's magazine to see if there would be a demand for it. About 300 responses were received, and 180 women were retained as customers.

That was over three years ago, but the continued need for the product has pushed Femcare into taking the product over the counter. They are not expecting it to be an overnight success, but believe that its potential is massive.

As product manager Mark Shelton says: "We are not expecting the box of 50 to fly out of the door on the first day. We know that there is a very big market out there and it is a market that is going to be harder to pick up on than most."

For this reason, a great deal of research has gone into the packaging, which simply says that the product provides "safe and sure bladder control for women of all ages." The words stress incontinence would either scare women off or confuse them, says marketing manager George Lambrianos. He advises pharmacists to position Contrelle with the sanpro, not incontinence products. The symptoms are explained on the back of the pack.

Femcare say they are working with the Association of Continence Advisors to try and get Contrelle prescription status.

Contrelle is sold in a pack of five sponges (£4.95). For hygiene reasons, each should be used only once. If the vagina tends to be dry, as is sometimes the case in post-menopausal women, a lubricant can be used. It is not recommended for use during menstruation and should be removed before going to sleep. Toxic shock syndrome has been associated with the use of tampons but not with PVF, which has been used by the medical profession for over 30 years, say Femcare.

Contrelle is being distributed by Unichem. It comes in a display outer of ten, which also houses a supply of free information leaflets. For each pack of Contrelle sold Femcare will donate 5p to the Association of Continence Advisors towards research and education.

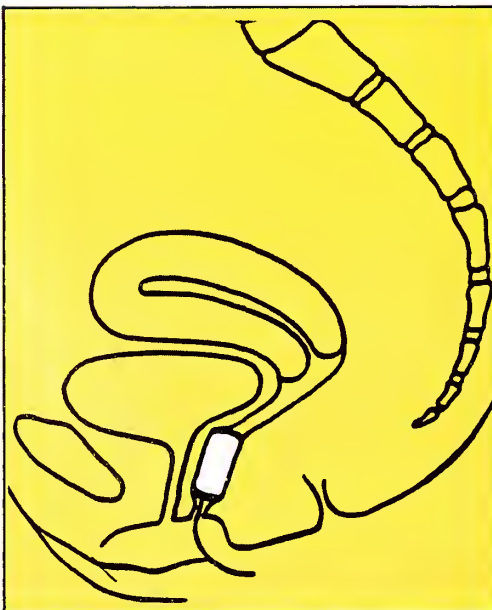
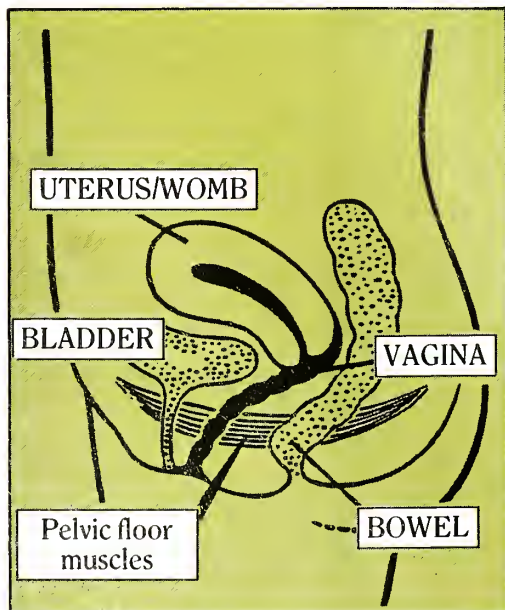
● Femcare Ltd is based at St Peters Street, Nottingham NG7 3EN. Tel: 0602 786322.

CONTRELLE

feminine bladder control
for women of all ages



FEMCARE



Inserting Contrelle into the vagina supports the bladder neck and helps prevent the leakage of urine

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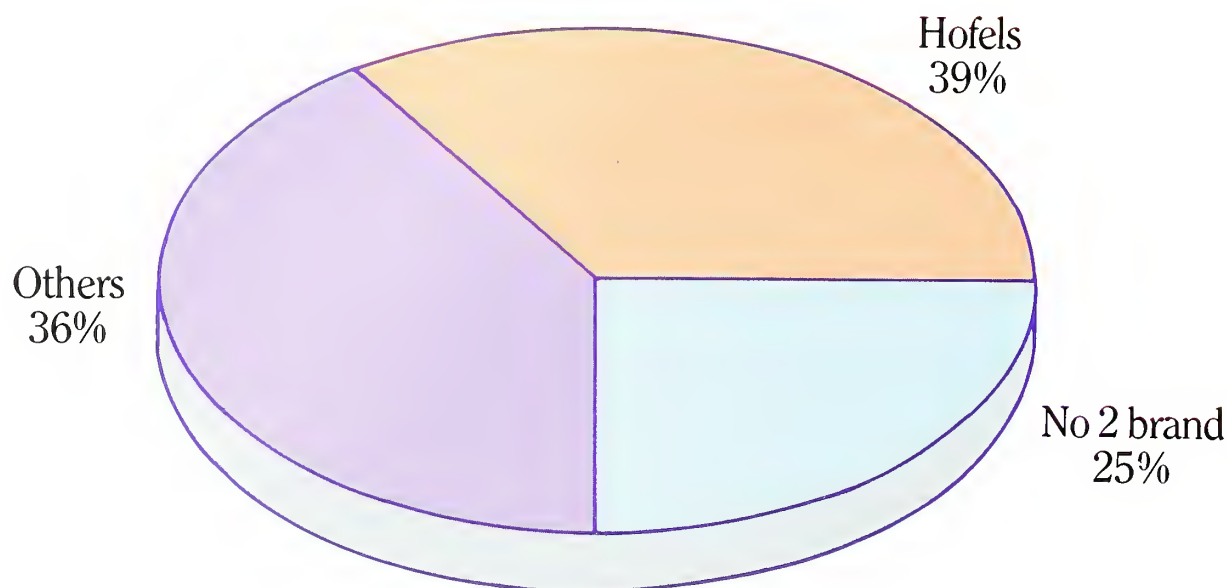


SmithKline Beecham



Höfels — leading

Garlic market Brand shares



Source Independent Market Research
Value £16.4m

The garlic market is growing fast and the trend looks set to continue as awareness of natural healthcare increases and the medicinal benefits of products, like garlic, are supported more and more by scientific research.

Sales of garlic supplements have increased by 40 per cent over the past twelve months. The market

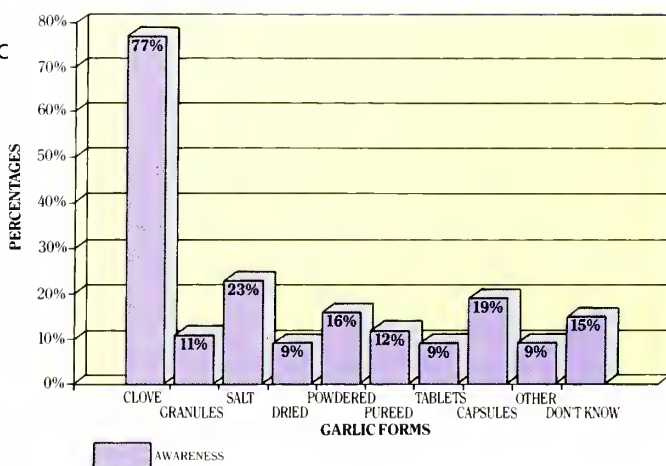
was valued at £16.4m. In October 1991, (source: AGB Super Panel), over 8 per cent of the £188m mainstream vitamin, minerals and supplements market at retail selling price.

This makes garlic a major OTC market, with sales exceeding those for hayfever, eye care and anti-diarrhoeal products and on a par with topical analgesics.

Hofels — a major OTC brand

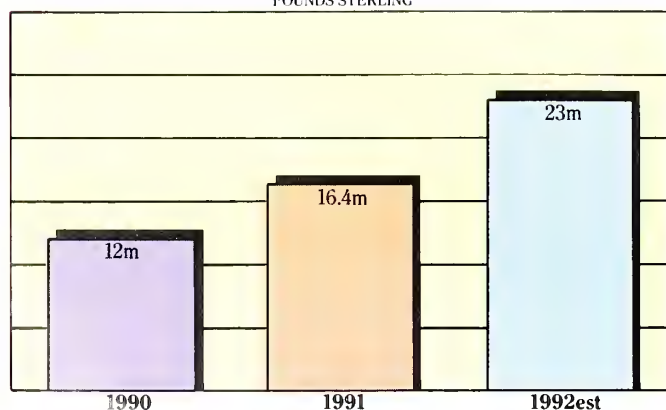
- Hofels are market leaders for garlic supplements with sales of over £6.3m.
- Hofels' sales are now double that of its nearest competitor
- The majority of Hofels' sales are through pharmacy
- A growth of 40 per cent is predicted for the market by the end of 1992

Spontaneous awareness of garlic forms



Mainstream garlic market

Growth
POUNDS STERLING



Consumer awareness

A survey, (base: 1000) conducted by Marketing Focus Ltd on behalf of the Garlic Research Bureau into attitudes towards eating garlic and garlic supplements, revealed that 75 per cent of the population have got the message that "garlic is good for you". There was also a strong level of agreement with the statement that it is good for the heart and circulation (74 per cent).

However, of those who took garlic supplements regularly, most did so for general reasons;

to stay healthy and for general health, with heart and circulation the next most popular response. This was followed by the relief of the symptoms of the common cold and associated ailments.

In spontaneous awareness of garlic forms, not surprisingly, the fresh clove/bulb scored highest. The next was garlic salt, followed closely by capsules (pearles).

The survey, published in August 1991, concluded that among members of the public "health perceptions for garlic are very strong".

the garlic market



Some things are too good for words

- Hofels are extending their television advertising this year to seven regions
- The regions, Tyne-Tees, Yorkshire, Granada, Anglia, TSW, Central and HTV cover 60 per cent of the country.
- The campaign, featuring the Hofels mime artist, will run from early January through to the end of February.
- Last year, in addition to a heavyweight national press campaign, Hofels introduced TV advertising in two regions — Anglia and Yorkshire
- Consumer sales doubled in these areas.
- The increase in sales has been sustained with figures for July/August '91 showing a continued rise in sales in all regions.

£1m for promotion

As well as the television advertising, the current campaign in national newspapers is being extended in the New Year to women's interest and general interest magazines.

Hofels — safe, effective, natural remedies

Hofels garlic supplements are based on essential oil of garlic. They are all available in One-A-Day capsules/tablets. A survey conducted by RSGB in July last year on behalf of Seven Seas showed that this was the preferred dose form.

- **Hofels Original Garlic Pearles:** Available as One-A-Day capsules and with full licence status as a traditional remedy for the relief

of catarrh, symptoms of rhinitis and to relieve other symptoms of common colds and troublesome coughing as in influenza attacks.

- **Hofels Odourless Garlic Tablets with Parsley:** This is also a licensed product for the relief of catarrh, symptoms of rhinitis and to relieve other symptoms of common colds and troublesome coughing as in influenza attacks. Also available in a One-A-Day tablet form.

- **Neo-Garlic Pearles:** Available as One-A-Day capsules for general health and well being

- **Hofels Cardiomax Pearles:** High-potency capsules which, taken as part of a healthy diet, may help to maintain a healthy heart and circulation and may help to keep cholesterol levels normal.

The range is available in packs of 30 or 90 pearles/tablets.



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C&D talks to Mary Allen, head of the
National Pharmaceutical Association's
information department

On the help desk

NPA interview



Mary Allen has been questioned by the police in her time as head of the NPA's information department. Not that she has fallen foul of the law; the police are just one of the many groups and individuals who have turned to the department for information about some aspect of pharmacy.

Inquiries from sources outside the profession arise only occasionally, and answering them is "good PR", believes Mary Allen, but she draws the line at communicating with members of the public, encouraging them to speak to their pharmacist.

The information department functions as a kind of oracle for pharmacists. Its business is answering questions from NPA members that are outside the remit of the other NPA departments. Most queries are fairly easily dealt with but over the years there have been some weird and wonderful puzzlers such as "What chemical is used to dissolve dog's faeces?", "Are the lifts working at Earls Court tube station?", and "Are false eyebrows allowed on FP10?"

These "queer queries" often raise a chuckle, but are the exception rather than the rule. The department deals mainly

with practice-based questions and matters of pharmacy law, although it also answers some of a more clinical nature.

On an average day, the information department takes about 320 phone calls; after the introduction of the NPA's Action Pack for repeat prescriptions last July, it was dealing with nearly 400, says Mary Allen. In 1990 it answered over 70,000 queries — more than the sum total of all the regional hospital drug information centres.

In addition, the department is dealing with an increasing number of queries from hospital pharmacists (about 100

a month), who are encountering some of the same problems as their community colleagues due to the removal of Crown Immunity.

A unique service

Why is the department so busy? "At the moment I think we're providing something pharmacists can't get anywhere else," says Mary Allen.

"We are trying very hard to pre-empt situations, sending information out in the hope of reducing inquiries. But they go up and up. I think it draws people's attention to the fact that we have a service, so they start using us for something else."

Since she joined the NPA over four years ago, the department has doubled in size and there are now nine members of staff. Michelle McConville is the information pharmacist, Sonia Garner the senior information assistant (maternity leave covered by pharmacist Louise Gravenor), Sharon Whooley, Ann Shepherd and Jill Bartley are dispensing technicians, Fiona Matthias is a nurse, Jayne Maddox is the prereg, and Pauline Clarke the junior information assistant.

Between them, they also produce a wide range of written material, mainly information leaflets. Information is processed from a variety of sources, including some 150 journals, and has to be updated regularly.

The department's biggest project to date is the computerisation of the data base. "It is about three years ago since the seed was sown during discussions between myself and assistant secretary (now retired) Jim Downing. We realised that the massive card index, built up since 1921, was growing and growing.

"Some cards were getting lost within the system. With computerisation there would be more flexibility for cross-referencing, as well as other benefits such as the ability to produce documents and print out information," Mary Allen explains.

"We knew it was on the cards, but we also knew it would be a massive task." A very flexible software package was needed and a year was spent just looking at the different types available. Mary, Michelle and Sonia were largely responsible for designing the system, having had just three days training.

The computers have been up and running for about a year

continued on p52

continued from p51
now, but it has not been plain sailing. Progress was hindered when the department moved into temporary accommodation while the cables were being laid and then back again, while all the time keeping the information flowing. On the Monday after the move, working out of crates, they answered 306 queries.

Plodding on

Transferring the data onto the computer has been a long, slow process which is still unfinished. The cards and the computer are being run in parallel at the moment. Mary Allen says: "We've broken the back of it and are plodding on. All new material now goes straight on. But we have an amazing backlog of old material that is gradually being processed."

A third of the cards were "pruned" before the operation started; a third have been fed into the system, and the remainder, which Mary Allen describes as the "hardcore stuff" will take some time yet to clear.

Once they have finished, they will not be using the computer exclusively, but will retain a lot of hard copy, such as brochures, and various text books.

Mary Allen sums up the computerisation project as "awful at times, utterly exhilarating at others". For the future, she says there is provision within the system to

go on-line, but "we are learning to walk before we can run, so it is some time off yet." One advantage this could bring is a decrease in demand on the telephone service.

Responsibilities

Mary Allen's job also includes responsibilities as a preregistration tutor (the department has a student every year). She liaises with other NPA departments and often provides draft responses to consultative documents. Although largely office-based, she is increasingly asked to give talks at Society or NPA events. She also sits on the Health Education Authority's pharmacy advisory group.

On top of all this, she has all the normal headaches of management — motivating her team, sorting out holidays, administration, training, and so on.

Yet Mary Allen is quite modest about her abilities. She believes her job is not that different from any other. "Because I'd used the department so often, I knew what I wanted out of it as a user and hoped I could provide that as a provider. And because I had worked in a lot of different pharmacies, it helped me to understand the needs of the members."

Mary Allen's background is mainly in community pharmacy, interspersed with some hospital experience. She graduated from Liverpool School of Pharmacy, then did a split prereg year: six

months at Central Middlesex Hospital, London and six months at Boots, Kensington High street.

Once qualified in 1972 she stayed with Boots in central London for over two years. This included a spell at the branch in Victoria Station, which Mary Allen describes as "brilliant" and "the best job I ever had, apart from this".

She moved to Hertfordshire when her husband, also a pharmacist, was posted there. She worked for Boots briefly, before landing a job as staff pharmacist in a district hospital. She remained there for 18 months until 1976, when her first child was born.

During the next 11 years, Mary Allen had another daughter, and continued to work part-time, initially in a psychiatric hospital and with Boots and later in a multiplicity of community pharmacies, mainly independents.

It is this experience that she believes best prepared her for the job at the NPA. Being a locum is like "being chucked in at the deep end. You go into a new situation every day yet have to go in and lead the team and you just do it."

Baptism of fire

She was taken on as a joint head of the NPA's information department in November 1987, sharing the job with Jo Field who wanted to go part time. Thanks to her previous experience, she coped. Then, in

April 1988, a variety of other changes within the NPA resulted in Mary Allen taking over full time as head of the department.

She describes that time as a baptism of fire. "It helped me find my feet, but the down side was that we were very short staffed at that time. There were two or three of us for about a month."

She is not tempted to spread her wings and try running a general information department. "My first love is pharmacy, especially community pharmacy," she says. "I miss the sharp end, but would be unlikely to go back. I find my job very interesting and exhilarating."

And there is a lot to look forward to in the future. The types of queries the department is answering has changed since she has been at the NPA, partially because of changes in the profession and because the members are becoming more demanding.

Mary Allen admits to feeling like an agony aunt sometimes, especially after having spent ages talking to a member about a threat to their residential home service, or some other such problem. She confesses to enjoying helping people to help themselves.

As she explains: "The extended role is going to put a lot of demand on the department and we are looking to be as informed as we can be so we can help our members when they have to extend their roles."

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The UK is experiencing an upsurge in scabies. Dr John Maunder, director of the Medical Entomology Centre at the University of Cambridge explains what it is and how to treat it

Scabies is an allergy. Symptoms develop in response to water-soluble glycopeptide antigens produced within the skin by parasitic mites of the species *Sarcoptes scabiei*.

The mites are situated in the deeper parts of the epidermis, usually just above the dermal/epidermal boundary. They are surrounded by the living cells of the prickle-cell layer, on which they feed and through which they tunnel. The sections of tunnel behind the mites are progressively carried outwards as the skin renews itself, so that the tunnels produced are always superficial to the mites which constructed them. The tunnels are lined by scar tissue differentiated from prickle cells, which prevents the burrows from collapsing when they reach the keratinised regions.

Female mites lay large eggs, each glued to the tunnel floor behind them. These soon hatch, so they are normally found only in the deeper parts of the burrows, close to their parent. All stages of the mite produce numerous faecal pellets, termed scybala, which are also glued down to the tunnel floor. Every burrow, even the oldest and most superficial, will contain many of these pellets, from which the allergen seeps.

Allergen diffuses from the burrows into the deeper skin and eventually enters the general body. As with all allergies, the appearance of symptoms, their severity and their precise form are strongly influenced by the immune status of the patient. Scabies may therefore be very variable in presentation.

Although the major symptoms are dermal it should be remembered that they are produced by systemic involvement and that scabies is not therefore a condition affecting the skin alone. Because of the systemic involvement, the sites of the allergic reaction need not and generally do not correspond with the sites where the mites may be found.

Scabies may present either in one of two extremely dissimilar forms or in any kind of intermediate grade between them. Thus the two dissimilar forms constitute the ends of a spectrum, all the intermediate conditions being classified as atypical scabies.

The situation may be further complicated, not least in the text-books, by secondary bacterial infection. Many older accounts of the disease included descriptions of pustules and other bacterial lesions, including



J.C. Rev/Science Photo Library

The scourge of scabies

acute glomerulo-nephritis consequent to superimposed infection with B-haemolytic streptococci. Secondary infection is rarely seen in modern patients, at least in advanced countries.

The signs and symptoms associated with the various forms of uncomplicated scabies are as follows.

Classical scabies

This is the form generally found in healthy people with normal immune systems. The mites are few in number, sometimes only about 20 adult mites being present at any one time. In 80 per cent of cases the mites are confined to the skin of the hands or wrists. Very few are found elsewhere but if so are most likely on the breasts of women and the genitalia of both sexes. Burrows may sometimes be seen, most commonly in the interdigital skin. Burrows may be extremely hard to see in people, such as nurses, who wash their hands very frequently, because skin replacement is so rapid that the burrows are very short.

There are no symptoms whatever until patients become sensitised. This rarely occurs before three weeks; most people take four to eight weeks, a few take longer and a very few never become sensitised at all or do so only at a sub-clinical level. The major symptoms is an initially inconspicuous rash, often minutely papular. Typically, this is extremely itchy, so that its extent is soon obvious because of trauma due to excoriation. Scabies is one of the few diseases where patients regularly scratch themselves until they bleed, though not all patients find the rash so uncomfortable. The excoriations are typically short, a few centimetres only. Some general malaise may be present.

The distribution of the rash is characteristic, being found on fingers, wrists, forearms, axillary folds, sides of the thorax, around the waist, on the lower quadrants of the buttocks, the insides of the legs and around the ankles. It may not appear in all these places at once but is always bi-laterally symmetrical, affecting both sides of the body alike.

So constant is the distribution of this rash that if a patient presents with a widespread itch which is bilaterally symmetrical but does not affect the centre of the chest, the centre of the back or the head, then scabies is virtually certain.

Other members of the family or close associates may be affected but often neither the original contact nor secondary cases are known.

This is the normal form of scabies in the general community.

Crusted scabies

This is also known as hyperkeratotic scabies and is extremely rare in its fully developed form. It occurs in those whose immune systems are unable to mount any defence against the mites, including, nowadays, those suffering from AIDS. The numbers of mites may be enormous; thousands, even hundreds of thousands, being present. They may be anywhere on the body, including the head.

The itchy rash does not occur. The disease is therefore not uncomfortable, but it is often unsightly because irregular areas of the skin become lichenified and crusted. White scales and crusts may break away and these, under the microscope, can be seen to be full of the skeletal remains of mites, carried outwards to the surface. The crusts rarely carry living mites, and are not normally infectious. The living mites may be very deep, sometimes burrowing through the malpighian layer into the dermis.

The areas of scaling and crusting may appear anywhere on the body, are rarely bilaterally symmetrical and do not itch.

This form of the disease is extremely contagious and often is at the centre of an outbreak of perfectly normal classical scabies among the family or contacts. It usually occurs in patients with a severe immune impairment due to some other known condition but sometimes occurs in otherwise apparently normal people whose immune deficiency seems restricted simply to failure to react normally to scabies mites.

Atypical scabies

The two extreme forms of scabies described above are comparatively easy to recognise. The intermediate forms frequently are not. Scabies is atypical in any person whose

immune system is immature or impaired. The very young (under about four years), the elderly, alcoholics, those with Down's syndrome or with leprosy, those suffering from other serious illnesses and those being treated with immunosuppressive drugs or who have used topical steroids to stop an undiagnosed itch, may all be involved.

A high proportion of these atypical cases occur in people already in some kind of long-stay institution; old people's homes, homes and hospitals for the mentally handicapped, geriatric wards etc. Although the numbers of mites on each patient will not usually reach the extraordinary numbers present on crusted scabies sufferers, they will still be much more numerous than with classical scabies, and in consequence the patients are extremely contagious. As a result, often the first indication of the presence of a person suffering from atypical scabies is an outbreak of the classical disease among friends and contacts.

Symptoms are very variable; indeed some patients hardly exhibit any at all. If scaling or crusting are absent and itching slight it may be some time before suspicion alights on the right person. Nevertheless, any skin reaction will still have a tendency to be bi-laterally symmetrical and avoid the head, the centre of the chest and the centre of the back. Mites may be found anywhere, including the head, but still will be most numerous on the hands.

Textbook-type burrows may not be at all obvious but suspicious areas may be worth examining by skin-scraping. A drop of mineral oil (example liquid paraffin) is placed over a suspect burrow and the extreme surface of the skin scraped with a scalpel blade. The scrapings may contain recognisable mite skeletal remains but are more likely to contain mite faecal pellets. These are unlike anything normally to be found in the skin, being slightly roughened spheres some 20 to 25 microns in diameter and appearing black by transmitted light. They may be numerous and are worth looking for when diagnosis is difficult.

Transmission

Arthropod life cycles must include a dispersal phase. In most species it is the fertile female which migrates or disperses, and this is true of the scabies mite, despite the fact that this is the only stage of the life-cycle never to be found on the skin surface. Experiments have shown that infections cannot be started in volunteers using any other stage than the adult females after mating.

Transmission is normally by skin-to-skin contact, whereupon adult females burrow out of one skin and into the other.

Experimental transmission needs some ten to twenty minutes of continuous contact.

The commonest human physical contact is holding hands, which we do to restrain

children, to show affection and to give reassurance. This is why scabies is a disease associated with families, courtship the elderly and others in homes and hospitals. When all other contacts fail or are inadequate we instinctively hold hands.

The mites, being fully parasitic, are not longer capable of free existence. They live in warm tunnels at 100 per cent humidity; off the body the cold soon brings them to a standstill and, being no longer waterproof, they rapidly dry out. Their legs, adapted for tunnelling, cannot be used for running or jumping. So unlikely is it that mites off the body could ever regain a host that they never voluntarily leave the body. Even mites in detached crusts are usually only skeletal remains or are non-viable. In consequence, fomites (objects around the patient) do not spread scabies. No special advice need be given about clothing or bedding. The important thing is to get the patient and contacts treated.

Treatment

Scabicide lotions should be applied to cool dry skin. Patients clearly suffering from classical scabies need not treat the head, unless a prior treatment has failed, for mites are not normally found there in these people. However, with crusted or atypical scabies every inch of skin must be covered, paying particular attention to the ears and under the finger nails.

Patients are non-infectious immediately after treatment and can resume normal life. Symptoms may not subside for about a week and may even get worse during the 24 hours after treatment. Antihistamines can be prescribed for four days followed by assessment at one week.

Crusted and atypical scabies patients, and anyone with a history of treatment failure, are best re-treated after three days. The eggs are the hardest stage to kill but they hatch quickly and so nothing should survive a second thorough treatment.

There are only two modern and effective preparations available (and a third about to be launched). It is important for preventing insecticide resistance that physicians do not fall into a prescribing habit whereby only one material is recommended for years on end. Mosaic prescribing is important, so that alternate patients, or outbreaks, get one insecticide and the others another.

Lindane (as Quellada lotion) is still widely used for scabies. It is very effective but because of increasing suspicion of resistance should not be employed except as part of mosaic prescribing. It is relatively toxic and should not be used on very young children (under about four, especially if male), on anorexics or others of exceptionally low body weight, on pregnant or breastfeeding women nor on epileptics.

The alternating preparation should be malathion (as Derbac-

M). This is a pleasant and effective aqueous lotion and there are no contra-indications for its use. Malathion in alcoholic form is unsuitable for use on scabies.

Shortly, a third product will become available. This is Lylclear Body Lotion, containing 5 per cent permethrin. A similar product has been used successfully in America.

Refractory pseudo-scabies

Occasionally cases occur where no amount of treatment produces relief, or does so only temporarily. Sometimes these occur singly but often in the form of an outbreak involving a hospital ward or similar social group. The outbreaks can be long-term if expert help is not sought.

Usually the cause is some other mite than *Sarcoptes*. Sometimes *Cheyletiella*, a parasite of dogs and cats is involved or *Demanyssus avium*, a parasite of birds. The routes of transmission are by no means obvious and the assistance of a medical entomologist is essential in such cases.

Myth prevention

The following words and phrases have not once been used in this article: Infestation, hot bath, fumigation, paint brush, unhygienic or benzyl benzoate. If you find that any of these words are appearing in the advice you give patients you should consider attendance at one of the training symposia now available. The subject does advance and so should our practice.

Balancing the scales

The chronic skin disease, psoriasis, can be unsightly and cause sufferers considerable distress and discomfort. C&D examines this condition and the treatment options

While the BBC's adaptation of Dennis Potter's play "The Singing Detective" was lauded as excellent entertainment, it did little to enhance the image of psoriasis or those who suffer from this distressing condition.

It is estimated that psoriasis affects around 1 to 2 per cent of the population. It is defined as: "A common, constitutional disorder of turnover of epidermal cells leading to the formation of sharply defined scaly red patches."

It can start at any age but most commonly develops between the ages of five and 25 with an increased incidence in the 45 to 55 age group. It is less common in darker skinned races and among white populations living in Southern countries.

Symptoms

The characteristic sign of psoriasis is patches of red, scaly skin, slightly raised, with clearly delineated margins. Silvery white scales are pronounced although after treatment these may be less obvious unless the skin is scratched.

The usual sites affected are elbows, knees, scalp, lower back, chest, face, abdomen and genitalia. Itching is not a frequent feature of psoriasis but it may occur, particularly where the condition occurs in skin folds or when the areas are frequently scratched.

These characteristic lesions arise because of a rapid turnover of epidermal cells. In normal skin, the time from when cells develop in the basal layer to

when they are shed (epidermal turnover time) is 25 to 30 days. In psoriasis this is shortened to three or four days. As a result the cells are poorly formed, do not lose their nuclei and remain clumped together appearing as scales.

The redness, or erythema, is due to a proliferation of dermal blood vessels which occur nearer the skin's surface than normal. If scales are scratched off they may leave small bleeding points.

Trigger factors

Although the precise cause of psoriasis is unknown, common theories include a deficiency of epithelial chalone (a tissue specific reversible mitotic inhibitor) or a reaction to a failure in metabolism. However, it is known that both predisposition and provocation are important.

Predisposition is genetically determined but the penetrance of the gene is low (around 30 to 50 per cent) and the degree to which it is expressed is irregular. The risk of the condition developing in a child with one affected parent is 25 per cent.

Attacks of psoriasis may be precipitated by factors including infections, sunlight and hormonal changes such as occur in puberty, pregnancy and the menopause.

Nervous stress and strain are important factors in exacerbating established psoriasis, while drugs that may be implicated include lithium, antimalarials and beta blockers.

Continued on p56

Types

Psoriasis is divided into a range of clinical types which affect different areas of the body:

- **Plaque psoriasis** — in its chronic form is the most common form of psoriasis. Individual lesions are clearly demarcated, red and scaly, occurring first on the elbows and knees and spreading to the trunk, sacrum and lower legs.
 - **Flexural psoriasis** — usually co-exists with plaque psoriasis but affects the perianal areas, groin, vulva, axillae, umbilicus and submammary areas. The lesions are more pink in colour tend to be rubbed more frequently and have less apparent scales.
 - **Guttate psoriasis** — Acute attacks of psoriasis may occur in childhood usually as small, evenly scattered, discoid lesions on the trunk and limbs. This is often linked to episodes of childhood illness (especially tonsillitis) and clears spontaneously.
 - **Pustular psoriasis** — lesions on the palms of the hands and soles of the feet may be accompanied by painful cracks and fissures over skin creases. Sterile pustules, often seen as rust-coloured dots, may occur.
 - **Scalp psoriasis** — may be mistaken for severe dandruff in its mild form or seborrhoeic dandruff if more serious. Discrete, well circumscribed plaques are present often extending onto the hairline, face and neck.
 - **Nail psoriasis** — is more common in older sufferers. Small, thimble-like pits occur in the nail together with thickening, ridging and separation from the nail bed.
 - **Erythrodermic psoriasis** — is a severe inflammatory condition which may be triggered by injudicious treatment with potent steroids. If extensive, it may become life-threatening.
- In 6 to 7 per cent of patients, psoriasis is associated with a form of rheumatoid arthritis called psoriasis arthropathica or psoriatic arthritis. Joint pain occurs commonly in the terminal finger and toe joints and occasionally in the lumbar joints.

Management options

As with any other visible skin condition, psoriasis is particularly distressing. Many sufferers will seek reassurance, particularly as there is no real cure and many cases continue for years with both remissions and exacerbations.

Some patients improve on exposure to sunlight or, if their attacks are linked to specific factors such as stress, steps to reduce these triggers may help.

From time to time, specific diets find favour but there is little sound scientific evidence to back up reports. Vitamin B12 injections have also been reported to be beneficial. Other sufferers swear by natural or homoeopathic remedies.

Bathing in spa waters has also been reported to help while the use of "doctor" fish in Eastern Turkey involves immersing the patient in a hot pool seven hours a day for at least five days letting the fish nibble away the affected skin!

Mild psoriasis

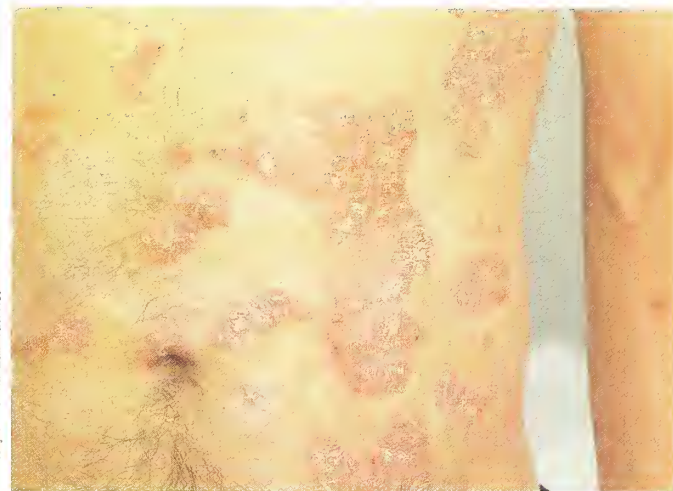
Psoriasis treatment aims to reduce epidermal cell turnover and dermal vascularity. Topical agents alone treat 80 per cent of patients while the rest, usually more severe cases, receive systemic or ultraviolet radiation therapy.

- **Emollients** — Soothing emollients help ease the tightness and discomfort of lesions and in some cases may be all that is required. They can

contact therapy which allows the use of preparations up to ten times stronger than with other regimens, without the risk of damaging the skin.

The dithranol preparation is rubbed into the skin and washed off after ten to 30 minutes. The patient starts with a low concentration (0.1 per cent) and increases the strength every four to five days as tolerated. If burning occurs, the treatment is stopped for a few days and then restarted with the last tolerated strength. This is continued until the lesions are not palpable.

As dithranol is drying an emollient can be applied after each application. Skin flexures tolerate dithranol only poorly and patients with grey, fair or red hair should avoid dithranol



Chronic plaque psoriasis prior to treatment

replace soap, which may aggravate lesions, or can be added to bath water. Patients should be warned that emollients can make the bath slippery.

- **Coal tar** — is thought to act by depressing the rate of mitosis of the epidermal cells. If the condition is mild and the disease not too extensive, ointments or creams containing coal tar may be useful. Products formulated as gels, sticks or shampoos are also available.

The major disadvantage with coal tar is that it is messy, smelly and stains skin and clothes — factors which result in poor patient compliance. But the messier and smellier the coal tar, the more effective it is. It may irritate normal skin and is not suitable for use on the face, flexures or genitalia.

Coal tar may be combined with salicylic acid, a keratolytic which helps remove excess scale.

- **Dithranol** — Although its exact mechanism of action is unclear, dithranol is an effective topical treatment. However, it is also an irritant and may burn and stain the skin and clothes.

The common method of administration is the Ingram regime which combines dithranol in Lassar's paste with a coal tar bath and ultraviolet radiation. Although effective, this method is time-consuming and messy and requires either hospitalisation or attendance at an outpatients clinic.

The latest, and most successful, regimen is short

products as it stains these hair types purple.

- **Calcipotriol** — is the first of a new group of compounds — a vitamin D3 analogue. It is thought to inhibit the proliferation of keratinocyte cells and to induce terminal differentiation or maturation. In addition, calcipotriol may interfere with specific immunological mediators thought to play a role in the pathogenesis of psoriasis.

Clinical trials have concluded that calcipotriol should be considered as one of the first-line drugs for the topical treatment of common psoriasis. Long term therapy (up to one year) has also been assessed.

Around one in seven users may experience some irritation on application and calcipotriol is not recommended for use on the face. Initial concerns over effects on serum calcium levels do not seem to have materialised although the product is contra-indicated in patients with calcium disorders.

- **Corticosteroids** — applied topically, have vasoconstrictor and anti-inflammatory effects and also reduce the turnover of epidermal cells. They are useful for flexural or scalp psoriasis but side-effects prohibit their prolonged use and restriction to short periods is advised.

Steroids tend to be popular with patients as they are cosmetically acceptable and provide rapid clearance of lesions. However, acute tolerance may develop with

repeated applications. After cessation of treatment, relapse or a serious pustular form of psoriasis may occur. Prolonged use may result in skin thinning or systemic effects.

Severe psoriasis

Patients with severe or extensive psoriasis may not respond adequately to first-line treatment and hospital or clinic based treatments may be considered.

- **Ultra violet light** — Many psoriasis sufferers find their condition improves on exposure to the sun but about 5 per cent have photosensitive psoriasis and should avoid the sun.

UVA light has little effect on psoriasis but UVB, alone or in combination with tar, is effective. The efficacy of UVA is increased by combining it with an oral photo-active psoralen — PUVA treatment three times a week should resolve the condition in about six weeks. Maintenance or remission may require once or twice weekly treatment.

Side-effects of PUVA include an estimated 12-fold increase in the rate of skin cancer, itching and a risk of cataracts.

- **Retinoids** — such as etretinate, are vitamin A derivatives which reduce cell proliferation. Etretinate has a very long half life and is teratogenic.

Side-effects include hyperlipidaemia, hair loss, hepatotoxicity, and dryness and thinning of the skin.

- **Cyclosporin A** — is a fungal metabolite which suppresses the immune system. Clinical trials suggest it is effective in treating severe psoriasis and eczema but it is reserved for patients unresponsive to conventional care. Serum creatinine and blood pressure should be carefully monitored.

- **Cytotoxics** — Methotrexate is probably the most effective drug for psoriasis as it slows cell development. It is normally given weekly in a single oral dose. Bone marrow and liver toxicity may limit therapy.

Hydroxyurea inhibits the synthesis of DNA and is used in patients unresponsive to conventional therapy and either unresponsive or intolerant to methotrexate. Bone marrow suppression is a problem.

Azathioprine is an orally active immunosuppressive agent which can improve psoriatic arthritis. It is more effective than hydroxyurea.

Dissatisfaction

A national survey carried out by the Psoriasis Association found that 41 per cent of psoriasis sufferers feel that their GPs do not understand the condition and a further 27 per cent are dissatisfied with their treatment.

Sufferers claim treatments are either ineffective, inconvenient, associated with undesirable side-effects, or all three. As such pharmacists have an important role to play in reassurance and counselling to help improve patient compliance.

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ALL SET FOR THE BIG TAKE OFF?

The topic of elastic hosiery, more usually referred to now as "support hosiery" or "graduated compression hosiery", has often been neglected by healthcare professionals. This is surprising, considering some six million men and women are reported to suffer from venous disorders, particularly varicose veins.

Traditional treatments of varicose veins are:

- surgery to remove the veins
- injection or sclerotherapy — a treatment which involves injecting veins with a sclerosing fluid, and
- compression hosiery.

The long term success of the first two is considered uncertain. Hosiery can be used on its own, but should always be used in conjunction with the other methods of treatment.

Surgical treatments are not only costly — treatment of venous ulcers reportedly costs the NHS approximately £100 million a year — but are associated with notoriously long waiting lists. Therefore, in cost-benefit terms as well as immediate patient treatment, effective support hosiery can play a vital role. Modern hosiery with graduated compression is recognised by professionals in the field as making a major contribution to the management of developing and/or troublesome varicose veins and prevention or deterioration.

Venous disorders

The venous system of the lower limb consists of a connected deep vein and superficial vein system. Normally, blood drains from the superficial veins into the deep veins and is assisted back to the heart by the calf muscle pump and the valves in the veins.

If the veins become damaged or gradually lose competency, blood is forced back by internal pressure and gravity from the deep veins into the superficial veins, causing varicosities — tired, aching legs, distension and enlargement of peripheral veins and unsightly, discoloured veins. Such symptoms are usually accompanied by discomfort and itching which encourages the patient to rub or scratch the affected area. This, in turn, causes further deterioration.

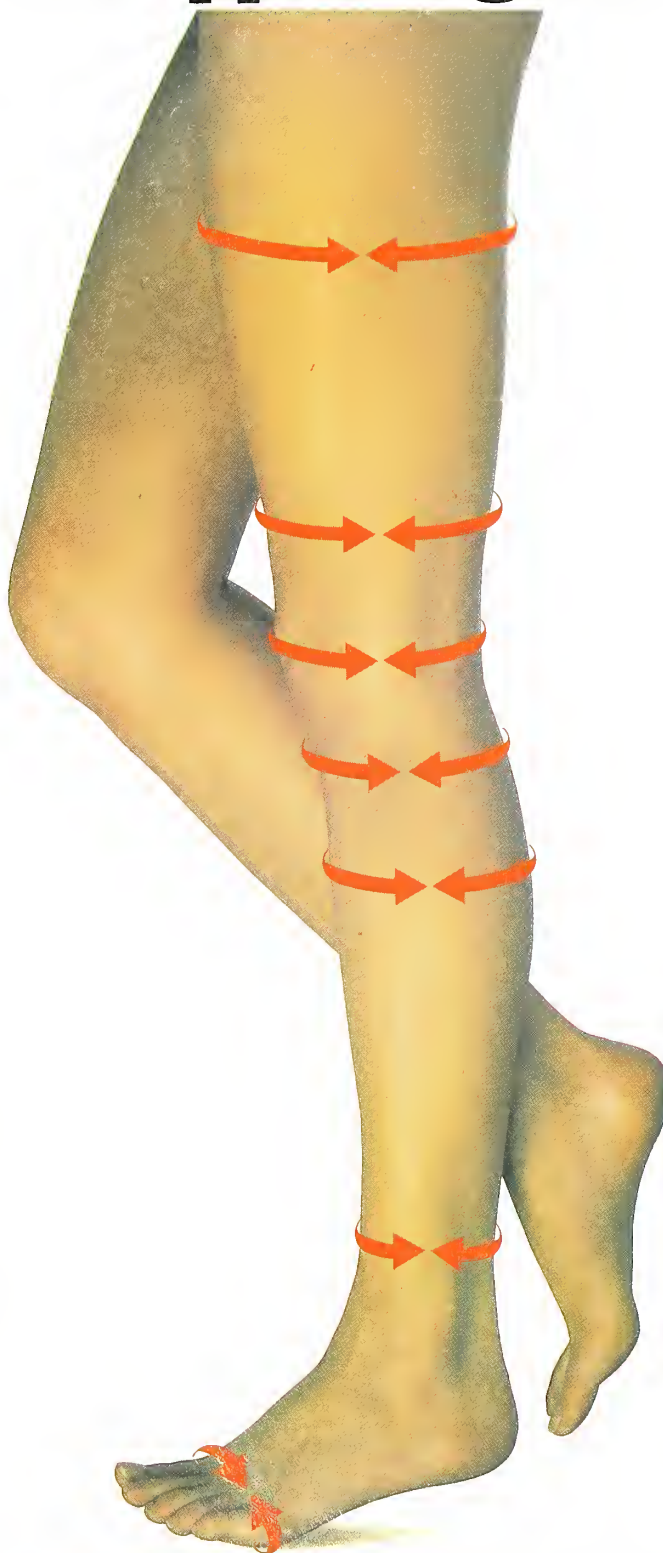
Who suffers?

Many patients may suffer only a cosmetic problem with varicose veins. For others though, varicosity means the progressive development of symptoms described previously. And it is not just women in the 45 plus age bracket who suffer. A reported one in five adult males also experience venous problems, although these figures tend to be underestimated.

Valves in the veins of the lower limbs can become weakened or damaged in several ways:

1. Family history Varicose veins often tend to be hereditary, with women reportedly suffering more commonly than

A supporting role



Compression hosiery is a highly effective but somewhat undervalued method of treating and preventing varicose veins. Customers are often unaware of how it works and surprised that it looks no different from ordinary hosiery. The role of the pharmacist in advising the customer is important if proper relief from symptoms of varicose veins is to be achieved, say Dr Ian Jones, course director in The Pharmacy Practice Research Unit at Bradford University, and Jane Long of Scholl Consumer Products

men. Therefore young men and women whose parents or grandparents have developed varicose veins need to be especially alert to the early symptoms — tired, aching legs.

2. Pregnancy Pregnant women are particularly prone to developing varicose veins in the early stages of pregnancy as increased oestrogen levels cause the vein walls to relax and become enlarged.

3. Pressure damage Veins can be damaged and valves weakened by pressure in the veins caused by obesity and/or standing for long periods. For example, those whose occupations involve standing such as nurses, shop assistants, traffic wardens, and air stewards may be more likely to suffer venous problems than those with desk jobs.

4. Trauma Those who play certain sports such as rugby or football or work in "hazardous" occupations are at increased risk of injury or trauma to the legs. This can damage valves and vein walls and lead to varicose conditions.

Compression

In 1985, a new British Standard for graduated compression hosiery was drawn up (BS 6612-85). The new standard set minimum levels of compression at the ankle, calculated in millimetres of mercury (mmHg).

Support hosiery works by compensating for venous insufficiency. It is designed to exert sufficient external pressure at the ankle, and this pressure gradually decreases from the ankle to the calf and from the calf to the thigh, assisting the calf muscle pump to return blood to the heart.

This ensures effective venous return by increasing tissue pressure and aids the transfer of fluid back into circulation. The decreased venous diameter and increased blood velocity thus minimises the pooling of blood from the legs.

Prescribing

A revised Drug Tariff entry for hosiery in April 1988 (to reflect the new British Standard), brought much needed improvements to the whole area of compression hosiery, making it less confusing for doctors to prescribe the correct type of hosiery. This has, in turn, simplified the pharmacist's job.

Graduated compression hosiery for supply on NHS prescription is detailed in the Drug Tariff. Only thigh length or below the knee stockings, knee caps and anklets are prescribable. Tights are not permitted for supply.

For hosiery available on the Drug Tariff, the minimum compression value at the ankle for therapeutic effect is 14mmHg. Doctors can now prescribe graduated compression garments that meet clinical requirements and satisfy the standards of comfort and patient acceptability. To comply with Drug Tariff regulations about dispensing prescriptions, GPs must include

the following information on the prescription:

- quantity: single or pair(s)
- broken bulk claims following the dispensing of a single garment are not accepted
- article: thigh stocking or below knee
- class: compression strength (Class I, II or III).

Class I is described in the Drug Tariff as providing "light" support. The compression at the ankle is 14-17 mmHg. It is indicated for superficial or early varices, and varicosis during pregnancy.

Class II provides "medium" support. Compression at the ankle is 18-24 mmHg, and its indications are:

- varices of medium severity
- ulcer treatment and prevention of recurrence. Mild oedema
- varicosis during pregnancy
- post sclerotherapy treatment

With Class III — "strong" support — compression at the ankle is 25-35 mmHg. Indications are:

- gross varices
- post thrombotic venous insufficiency
- gross oedema
- ulcer treatment and prevention of recurrence.

Styles available for all three Classes are thigh length or below knee, with Class II and III also available as anklets and kneecaps for soft tissue support.

The latest production techniques are used to produce hosiery which is not only effective, but maintains a sheer, fashionable appearance. Class III hosiery is not frequently prescribed and some schools of thought suggest that when it is, pharmacists should contact the doctor to confirm that such strong compression is required. In certain instances, for example suspected peripheral arterial insufficiency, Class III hosiery might be contra-indicated.

Prescription charges

Around 90 per cent of patients who present prescriptions for NHS hosiery are exempt from the prescription charge. For the remainder, a prescription charge is levied according to the number of garments prescribed, so that a prescription for two pairs of stockings will result in four prescription charges.

Unlike other items available on prescription, NHS hosiery is quantity — and therefore cost-related — clearly an unsatisfactory situation. This also works against the concept of encouraging a policy of prophylactic medicine and health promotion. Pharmacists might therefore advise patients who pay prescription charges to consider purchasing a pre-payment certificate, particularly if they have regular prescriptions for medicines.

Ideally, a patient should be prescribed two pairs of hosiery, one to wear, one to wash. A patient should then expect at least four pairs of stockings a year from their GP, if a serious attempt to control symptoms is to be made.

Stockings can be made to measure when necessary

Measuring guidelines

Up to 95 per cent of patients can be fitted with hosiery from stock sizes and in only a minority of cases will made to measure garments be necessary owing to irregular limb dimensions.

The pharmacist has a vital role to play in providing the correct service to the patient. The Terms of Service for Chemist Contractors demands that pharmacists must provide a measuring and fitting service for patients who request NHS hosiery on prescription. Professional expertise and advice in fitting hosiery and in providing comprehensive patient instruction is essential for long term treatment to be effective.

Both legs must be measured when stockings are to be supplied. Some variation in measurements between legs is not unusual. The various leg measurements should be duplicated to confirm initial dimensions of thigh, calf and ankle.

It is vital that good technique is adopted when measuring the leg so that the correct stock size can be selected, giving the appropriate level of graduated compression at the ankle, calf and thigh.

Where possible, measurements should be taken on the bare leg. Three standard measurements should be taken at the:

- thinnest part of the ankle,
- fattest part of the calf,
- mid point of the thigh.

Where there is a closed toe, a foot measurement will also be necessary.

The best time to measure the leg is early in the day after the leg has been rested overnight and when any tendency for the lower limbs to swell is at a minimum. If this is not possible, and particularly if there is evidence of oedema, the limbs should be raised to a horizontal position until the swelling has subsided. If oedema is a severe problem, a longer period of rest may be required.

Notwithstanding this, it is preferable for measurements to be made in the pharmacy by a

trained person who is well practised in taking measurements and who has therefore acquired good "tapemeasure technique".

Clearly a "quiet place" is necessary for taking measurements. While few pharmacies have a separate room for such purposes, most have an area where the patient can feel reasonably relaxed. If, for whatever reason, measurements cannot be taken in the pharmacy, consideration should be given to providing a domiciliary service.

The alternative is to provide the patient (or their representative) with a measurement form and with instruction on how and where to measure and how to record this information on the measurement form. Experience can show this latter alternative to be a disaster. Even the well meaning "DIY enthusiast" can return a completed measurement form with dimensions which result in the selection of a stock size which proves inappropriate.

Measurements of thigh, calf and ankle should be made, to the nearest 1/4" (0.6cm). To avoid patient embarrassment, the thigh measurement should be taken first, followed by the calf, then the ankle. When taking the thigh measurement the patient should stand so that the thigh muscles are firm. It is helpful to mark the outside of the leg using a non-toxic pen at the point where the thigh measurement is taken. This ensures accuracy in the repeat measurement.

Only rarely, where there is totally unusual leg measurements, will made-to-measure garments be necessary. In such cases, extra care is required to ensure that the dimensions are correctly recorded on the manufacturer's measurement form.

Once the size has been ascertained and, where necessary, the stockings ordered, pharmacists should check that they fit. They should ensure that the stockings extend 2" (5cm) above the uppermost varicose veins and that the material is evenly stretched.

Giving advice

Pharmacists can help patients get maximum benefit from their support hosiery by advising the first time user about the benefits of a careful fitting routine.

Patients should be advised to:

- remove any rings or bracelets that could damage the hosiery during the fitting process.
- avoid contact of hosiery with oil and grease as these attack its stretch properties.
- wash compression hosiery with a mild soap and allow it to dry naturally, avoiding direct heat. Hosiery that is cared for in this way should retain its compression qualities for between three and six months. Thereafter, replacement is necessary if symptoms are to be contained.

A frequent comment from first time users is that stockings feel "too tight". In fact this is a sign that the graduated compression is working properly. If pharmacists know they have taken accurate measurements, they can reassure the patient that the hosiery supplied is the correct size. Pharmacists should stress that compliance will help the patient's symptoms subside.

Remuneration

The prescription must be completed in a way that can lead to processing when it reaches the Prescription Pricing Authority (Prescription Pricing Department in Scotland, Central Services Agency in Northern Ireland). The pharmacist must endorse the prescription to establish that a stock size or a made-to-measure size has been supplied. Reimbursement of the cost of garments will be at the rate stipulated in the Drug Tariff. Prescriptions for made-to-measure garments should be marked ZD to prevent the application of the Drug Tariff deduction/discount scale.

A standard, professional dispensing fee is paid, together with an additional fee (in England and Wales) or a special on-cost (in Scotland and Northern Ireland) when a measuring and fitting service is provided. In these cases, the prescription must be so endorsed. Failure to provide a measuring and fitting service and failure to acknowledge this on the prescription, results in substantially reduced payment.

Summary

Graduated compression hosiery can play an important part in the management of venous conditions.

Pharmacists ought to be aware that accurate measurement can make the difference between providing patients with correctly fitting hosiery, and the ensuing beneficial effects, and poorly fitting hosiery, which carries little benefit and discourages patient compliance.

Advising on and supplying compression hosiery offers pharmacists an opportunity to demonstrate an aspect of their advisory role in healthcare.

CRCs for methadone

We note that the Royal Pharmaceutical Society's Council recently recommended that pharmacists should use child resistant packaging for the supply of methadone mixture.

May we advise pharmacists that many Beatson Clark plc bottles are certificated to BS 6652 for use with child resistant closures of the double shell type. These bottles include the Sloping Shoulder Flat and Winchester ranges. All these bottles carry R3 type neck finish and the sizes range from 25ml to 500ml.

Supplies of these bottles are available through the normal wholesaler distribution route. If, however, pharmacists encounter difficulties they should contact Beatson Clark direct (tel: 0709 828141; fax: 0709 828476).

J.E. McKiernan

UK marketing manager, Beatson Clark

No fish oil for troubled waters?

There are many articles concerning the "Greening of pharmacy". In my opinion there could not be a better example of concern for environmental issues than the cruelty of whaling. There is absolutely no doubt that the slaughter of whales by harpoon is one of the most cruel and dishonourable activities in which man exploits the animal kingdom.

The recent decision by Iceland to leave the International Whaling Commission in June 1992 will no doubt prompt Norway (and Japan) to do likewise. In the case of Norway its "fisheries" advisers have said that 1,000 Minke whales can be harvested annually.

I hope pharmacists will feel appalled by these developments. They should realise, however, that the large market in which they participate, the sale of fish oil products — depends almost entirely upon fish stocks (cod) derived from Icelandic and Norwegian fisheries. It is only a few

weeks ago that Icelandic authorities, responding to my concern through a representative of a major UK supplier (Fisons), categorically stated that Iceland had no intention of leaving the IWC.

The time has come for all members of our community to decide where they stand over commercial whaling. That of course includes pharmacists who sell products from pro-whaling countries. Will they be content to adopt a *laissez faire* attitude or will they, like me, express my deep and sincerely felt concern in a clear and emphatic manner.

Where are the British fishing fleets? Do UK producers now have to buy from Iceland and Norway?

Malcolm H. Espley
Chester

Definitions within Clothier

I refer to Xrayser's observations on the Husbands Bosworth dispensing doctor saga (C&D December 14, 1991): in it he referred to residential home patients being denied the choice through their matron "of the type of pharmaceutical service preferred". This implies that dispensing doctors provide a pharmaceutical service. They, of course, do not. Just as a medical service implies the services of a doctor, likewise a pharmaceutical service implies the services of a pharmacist.

Xrayser will be interested to read the following taken from a "Guide to the Clothier Regulations": "Patients must apply in writing (for the doctor to dispense for them) at the time they are entered on the doctor's list. Subsequent transfers from the prescribing list to the doctor's dispensing list will not be permitted except in cases of 'serious difficulty' being experienced by the patient."

K.J. Knight
Chairman, Rural Pharmacists Association

NEWS EXTRA

CPP elections

The College of Pharmacy Practice is inviting nominations for governors and associate representatives in the forthcoming elections. Nominations should reach the College by 12 noon on January 31.

Bernard Hardisty, Dr John Farwell and Ian Sutcliffe have completed their period as governors and are eligible for re-election.

There are two vacancies for associate representatives to be in

attendance at board of governors' meetings. The period of office is three years for one post and two years for the other.

The next membership examinations will take place in April. The closing date for registration is February 20. The £10 fee should accompany the relevant form which can be obtained from Kate Walker, CPP, Barclays Venture Centre, University of Warwick Science Park, Sir William Lyons Road, Coventry CV4 7EZ.

Reprimand for exports

A pharmacist who sold over 750,000 opiate-based tablets with a street value of £6 million to a businessman wanted in connection with a major drugs investigation, without checking the buyer's credentials, has been reprimanded by the Royal Pharmaceutical Society's Statutory Committee.

Bharat Rameshbhai Patel, resident in Willesden Green, and a director of Coopers Chemist (Etherlock) Ltd of 144 High Road, Willesden Green, was accused of failing to exercise control of medicinal products by allegedly supplying more than 800,000 tablets of Temgesic and DF118 to a company for export to Gambia

between February and December 1989 (C&D, August 3, p212).

However, the company, Parachem Ltd, had no export or wholesale dealers licence or any authority to possess the drugs. The company was dissolved in November 1989 and its owner Mr T.S. Bhamrah disappeared.

When the case began in July, Mr Joselyn Hill, solicitor for the Royal Pharmaceutical Society, told the Committee that Mr Patel did not think that the large quantities requested were unusual.

When the hearing continued on November 21, Mr Patel maintained he was the victim of a con-trick but at the time was ignorant of the law.

Cross border co-operation

The latest Medicine Counter Assistants programme in Northern Ireland, held in Londonderry last November, attracted pharmacy assistants from both sides of the border. They join the 60 assistants who have already completed the programme, keeping the Province at the top of the league in the UK for training through the course.

The programme, developed by the National Pharmaceutical Association and supported by the Ulster Chemists Association, is an

intensive six-session course designed to familiarise pharmacy assistants with everyday ailments. It also covers when and how to refer customers to the pharmacist, polite sales initiatives and communication skills.

The next venue is Antrim, starting in February, and details are available from Kate McClelland, Pharmacy Training Services, Enkalon Business Centre, 26 Randalstown Road, Antrim BT41 4LJ (tel: 08494 28472).



Verus Reaney (far right), the then president of the Ulster Chemists Association, presents certificates to successful candidates of the Medicine Counter Assistants programme at the Waterfoot Hotel, Londonderry late last year. The group was the largest to be tutored and was one of the most mixed, with experience ranging from several months to over 20 years. Robin Holliday, president of the Pharmaceutical Society of Northern Ireland, was also present.

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Premiere '92 — trade fair for perfumes, cosmetics, pharmacy and hairdressers' requisites, January 25-29, Internationale Frankfurter Messe, Germany. Details from Collins & Endres, tel: 071-734 0543.

Health & Beauty International exhibition, February 2-3, Brighton Metropole Exhibition complex. Details from *Health & Beauty Salon* magazine, tel: 081-661 8259.

International Spring Fair, February 2-6, NEC, Birmingham. Details from Trade Promotion Services, tel: 081-855 9201.

LPC conference and PSNC annual dinner, February 10 at the Intercontinental Hotel, 1 Hamilton Place, London W1. Details from PSNC, tel: 0296 432823.

Innovation in Pharmaceutical Packaging, conference, February 11-12, Swallow Hotel, Waltham Abbey. Details from Susan Hennessy at *Manufacturing Chemist*, tel: 081-855 7777.

European Society of Regulatory Affairs, February 19-21, Krasnapolsky Hotel, Amsterdam. "Regulatory affairs after marketing authorisation." Details from Quentin Livingston, Banks Sadler Ltd, tel: 071-388 9526.

In-Cosmetics, March 4-6, Frankfurt, Germany. Details from Evan Steadman Communications, tel: 0799 26699.

Today's Practitioners — healthcare exhibition, March 14-15, Haydock Park, Merseyside. Details from Sterling Events, tel: 051-709 8979.

World Pharmaceuticals Conference, March 16-17, Intercontinental Hotel, London. Details from *Financial Times* Conference Organisation, tel: 071-925 2323.

Pharma Expo, a new exhibition for suppliers to the pharmaceutical industry, March 25-26, Kempton Park Exhibition Centre, Middlesex. Details from Pharma Expo, tel: 081-948 0931.

Baby Ideal Home, a new baby care exhibition, March 26-29, Earls Court 2, London. Details from Miranda Kennett at Brainchild, tel: 071-703 1057.

British Pharmaceutical Students Association, 50th annual conference, March 29-April 5, York. Details from RPSGB, tel: 071-735 9141.

Guild of Hospital Pharmacists, weekend school, April 10-12 Leeds.

British Society for the History of Pharmacy, April 3-5, Chimney House Hotel, Sandbach, Cheshire.



A round-up of this year's major trade fairs, exhibitions and conferences

Contact Dr L.C. Howden on 031-556 4386.

Beauty '92, April 3-5, Dusseldorf, Germany. Details from WK International Kosmetik-Marketing GmbH, Ringstrasse 52, D-8221, Gräbenstatt, Germany, tel: 101-49 86 61 1224.

Institute of Pharmacy Management International conference, April 3-5, Portsmouth Crest Hotel, Southsea. Details from Ian Jones 0274 383496.

The Health Show, April 4-5, Bristol. For details contact Swan House Special Events, tel: 081-783 0055.

International Hair & Beauty Exhibition, April 5-6, NEC, Birmingham. Details from Brintex Ltd, tel: 071-973 6401.

Self-medication in Europe conference, April 9-10, The Edwardian International, Heathrow. "Breaking down the barriers". Details from Nicholas Hall & Co, tel: 0702 431805.

National Association of Women Pharmacists Weekend School, April 10-12, Sparsholt College, Winchester. For details contact Mary Gwillin-David on 0792 366527.

Helfex '92, international healthfood exhibition, April 26-27, Wembley Conference Centre. Details from the British Health Food Trade Association, tel: 0483 426450.

Europharmex, April 30-May 2, Genoa, Italy. Details from Fiera Internazionale di Genova, P.le JF Kennedy 1, 16129 Genoa, Italy, tel: 010 39 1053911.

Vantage Convention, April 29-May 3, Athens. Details from AAI Pharmaceuticals, tel: 0928 717070.

Shopex, shopfitting, retail design and display exhibition, May 17-21, Earls Court, London. Details from AGB Exhibitions, tel: 0895 622233.

Royal Pharmaceutical Society annual meeting, May 13, followed

by Branch Representative meeting, May 14 at Lambeth High Street. Details from RPSGB on 071-735 9141.

Naidex, international exhibition of equipment and services for the disabled and elderly, May 20-22, NEC, Birmingham. Details from Naidex Conventions, tel: 0892 544027.

Afro Hair & Beauty '92, May 24-25, The Business Design Centre, Upper Street, Islington Green, London N1 0QH. Details from Claire Jackson, tel: 081-801 7321.

Cosmetics, Hair & Beauty exhibition, June 14-17, Hong Kong. Details from Alison Carew-Cox, 021-455 9600.

Healthcare '92, June 16-18, NEC Birmingham. Details from Trinity Healthcare Exhibitions, tel: 0895 677677.

Beauty International '92, June 21-23, Olympia II, London. Details from Trade Exhibitions, tel: 071-262 8331.

AESGP Convention, June 24-26, Barcelona. Details from PAGB, tel: 071-242 8331.

British Pharmaceutical Conference, September 7-10, Birmingham. Contact RPSGB on 071-735 9141.

Exposhop '92, September 8-10, NEC Birmingham. Details from Batiste Exhibitions & Promotions, tel: 081-340 3291.

Chemex, September 13-14, Wembley Exhibition Centre. Details from MGB Exhibitions, tel: 081-302 8585.

Neighbourhood Retailing, exhibition for small independents, September 13-14, Wembley Exhibition Centre. Details from MGB Exhibitions, tel: 081-302 8585.

Retail Solutions '92, October 13-16, Grand Hall, Olympia, London. Details from RMDP, Tel: 0273 722687.

EPoS '92, October 12-14, Olympia, London. For details contact EMAP on 071-404 4844.

CTPA annual conference, October 26-27, Avisford Park Hotel, Arundel. Details from Fiona Hesketh, CTPA, tel: 071-491 8891.

Unichem Convention, October 31-November 7 (extension to November 14 available), Cyprus. Details from Soler Touriste, tel: 081-391 2323.

Interphex 1992, November 24-26, NEC Birmingham. For details contact Dominique Loral, tel: 081-948 9943.

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Glaxo 'out of touch'

Glaxo's support for the Pharmaceutical Services Negotiating Committee's view that wholesalers should reduce discount thresholds has been branded "simplistic, naive and out of touch".

The director of the British Association of Pharmaceutical Wholesalers, Michael Watts, says: "Since Glaxo have not published intended terms of supply, the present furore is based on speculation of what might result rather than fact."

It is claimed that wholesalers might suffer significant loss of gross profit on all Glaxo business which is currently aggregated within existing thresholds. Mr Watts maintains that because Glaxo intend only to pay fees to agencies instead of giving full discounts to wholesalers, the company is "benefiting financially at the expense of everyone else".

Mr Watts suggests that since the Department of Health and the PSNC have negotiated an agreement whereby discount can be clawed back from pharmacists, any problems arising due to loss of discount ought to be dealt with by the PSNC and DoH and not the wholesalers.

Duracell shed 320 jobs

Duracell are to close their factory in Crawley, Sussex, with the loss of 320 jobs. The move is being made in order to consolidate production to a single site and cut management and transport costs.

The production of battery components will be relocated to Aarschot, Belgium, where the company's European battery assembly centre is sited. The British warehouse operations will also be transferred to Belgium.

Roberts' acquisitions

American company Roberts Pharmaceuticals are to acquire four prescription products from Wyeth — Meptid, Baradol, Isordil and HRF. Roberts' UK subsidiary, Monmouth Pharmaceuticals, promotes its products through contracted sales representatives in the UK and Ireland.

Roberts have also announced the acquisition of two US non-prescription products from Upjohn, Myciguent and Baciguent.

Moss move into Sainsbury

Moss Chemists are opening their first pharmacy concession in a Sainsbury store at Deepdale Road, Preston, at the end of February. A further concession is planned to open in late March or April, but its location is not being revealed.

Moss are departing from their normal corporate look in the design and layout of the 600sq ft concession which is located in front of the checkouts. More space is being given over to self-selection GSL medicines and pharmacy medicines. There will also be an area set aside for leaflets and other information on health matters.

"We are trying to create an even more professional image," a spokesman said. Medicines will dominate in the sales area, but there will be some toiletry fittings.

Although building constraints

have prevented it in the Preston store, if future opportunities present themselves, Moss plan to give prominence to the dispensary area.

Sainsbury will be stocking their normal range of merchandise so there will be some overlap in the GSL medicines area.

Moss currently operate 34 concessions in Asda stores and two in Tescos. The Sainsbury and Savacentre chains currently have ten in-store pharmacies operated by Lloyds (who took over the Kingswood operation) and Sharpes.

"The current development programme of approximately 20 stores a year generates potential opportunities for additional pharmacies and we are being assisted by multiple pharmacies in evaluating applications for these," says a Sainsbury spokesman.



Despite being occupied for much of last year fending off takeover bids of varying degrees of hostility, Macarthy and their chief executive Ian Parsons are still pursuing their restructuring programme. The most recent evidence of this has been the opening of the first airport branch of Savory & Moore at Heathrow's Terminal Four, part of the retail chain's programme of locating pharmacies in high traffic sites

Sunday work enforced

The shopworker's union USDAW has said it has evidence that Sainsbury are following Woolworth's example in making changes to staff contracts, effectively forcing them to work on Sunday without financial incentive.

The information was revealed at a Press conference called by USDAW on Wednesday in which employees of Woolworths, Sainsbury and Tesco were invited to give comments on Sunday trading, and reactions to the new contracts.

A spokesman for the union has said that the retailer is giving employees three months notice of the changes to their employment contract, in which work on Sunday will "no longer be voluntary" and changes to Sunday pay.

Stores that have not opened on Sunday, notably Marks & Spencer and Waitrose, do not appear to have suffered a downturn in trade — Waitrose announced record sales for the two weeks to December 28.

■ MP Mr Ray Powell has put forward a Ten Minute Rule Bill on Sunday trading for debate this month. An Early Day Motion, calling for reform of the Shops Act, based on the REST Proposals, has been signed by over 100 MPs, reports the National Chamber of Trade's newsletter.

Welcome for patent move

The Association of the British Pharmaceutical Industry has given a qualified welcome to the decision of the EC Council of Ministers to approve draft regulations on medicine patent term restoration.

A compromise of 15 years effective patent life instead of 16 has been accepted, which the ABPI recognises as an improvement on the UK Government's initial 13-year proposal.

However, the Association is disappointed at the decision to restrict the maximum period of restoration conferred by the supplementary protection certificate (SPC) to five years instead of the proposed ten.

"Obviously we would have preferred the European Commission's original draft regulation, which would have enabled European pharmaceutical companies to have competed even more effectively in international markets with competitors from Japan and the United States," said ABPI director Dr John Griffin.

Sanofi and Sterling complete alliance

Sanofi Pharma and Sterling Winthrop have cemented their alliance, becoming Sanofi Winthrop Ltd with effect from January 2. The UK headquarters of the company will be at the Sterling Winthrop site in Guildford, Surrey. The consolidation, said a spokesman, will give pharmacists a single point of contact for a large range of products.

Prescription medicine operations worldwide will be

combined along with the European OTC business, but research and development capabilities will remain separate. The alliance means that one team of medical representatives will service Sanofi Winthrop, instead of the previous two.

The first product of the new alliance is Sterling Health Europe, a company set up to manufacture and market OTC medicines in Europe. President of the new

company, Daniel Dupre, said: "Through our continuing ethical heritage from Sanofi and Sterling Winthrop we are ideally positioned to establish OTC identities for products that move from prescription to free sale." The company's headquarters will be based in Paris.

sanofi  **WINTHROP**

VAT by credit transfer

HM Customs & Excise are encouraging traders to pay VAT by credit transfer from this month.

The new scheme is simple and designed to benefit all businesses which join it, claim the Excise. An invitation to join and details of how it works will be sent to 1.4 million VAT traders with their VAT returns over the next three months.

By offering businesses paying by credit transfer an extra seven calendar days to make their VAT return and tax payment, the scheme will assist cash flow and help avoid penalties for late payment, say Customs & Excise. Credit transfer also improves security of revenue and the recording of VAT payments.

Customs & Excise say the scheme will be kept under review to ensure that a reasonable balance is maintained between the benefits to VAT traders and the cost to the Exchequer. Its introduction coincides with the lowering of the banks' CHAPS limit from £5,000 to £1,000, so making this method available to the majority of payment traders.

Swaddlers shed 75 staff and blame Pampers pricing

Swaddlers have made 75 staff redundant from their 250-strong Gateshead workforce, blaming the Pampers price war entirely for the action they had to take (see C&D December 14, p968).

Swaddlers' Togs, the second largest brand in the market, has lost market share this year, and now holds a 9 per cent market share, compared with 14 per cent last year. The company's turnover for 1991, at £27m, is about 5-6 per cent lower than in 1990, according to managing director Jim Clough.

"We cut our prices to try to compete and things were looking up

for us. But it was too late to stop the cuts," he said. The cuts were made across the board, and all those made redundant were receiving help to find new jobs.

Swaddlers are owned by the Italian Angelini Group, who will support the company, said Mr Clough. For the future he remains positive: "We're still a very clear number two in the market and we will be adopting an aggressive approach to increase that share".

Procter & Gamble, makers of Pampers, hold 61 per cent of the UK disposable nappy market according to Nielsen figures.

Ciba and Zyma tie the knot

Ciba Consumer Pharmaceuticals have formally merged with Zyma Ltd, and will be known as Zyma Healthcare. From January 13 the new business will be operating from new premises at Mill Road, Holmwood, Dorking, Surrey RH15 4NU (tel: 0306 742800).

For the present orders for Zyma

Healthcare ethical and OTC lines will continue to be processed by Ciba Geigy Pharmaceuticals at Horsham.

To improve customer service the new company will have a separate telephone line and answerphone facility for orders and inquiries (tel: 0306 742299).

problems for many businesses. The FPB says the Revenue should address the real problem — the late submission of accounts for tax assessments. Schedule D tax income accounts for 11 per cent of total income tax revenue.

On the move

Gerard House have relocated their head office to Mulberry Court, Stour Road, Christchurch, Dorset BH23 1PS (tel: 0202 487733; fax 0202 488333). However, the following services will remain in Bournemouth: accounts, customer services, order processing, production and despatch.

Division at Norton

Norton Healthcare have set up a new division, Baker Norton Pharmaceuticals. Baker Norton have bought the Serenace and Pro-Banthine brands from G.D. Searle. Baker Norton Pharmaceuticals, Gemini House,

Flex Meadow, Harlow, Essex, CM19 5TL. Tel: 0279 426666; fax: 0279 432110.

Britcarr merger

Britcarr and Calgon Vestal Laboratories have joined forces with effect from January 1. All international operations will be conducted under the new name CV Laboratories Ltd. The head office will remain in Aldershot. UK business will be handled by a division continuing to operate under the name of Britcarr.

Hospital supplies

Powell & Schofield have changed their name to Scientific Hospital Supplies. The address and phone number remain unchanged.

Mini-lab chemicals

Tudor Photographic has been appointed the principal distributor of Fuji-Hunt's range of mini-lab processing chemicals.

Coming Events

Better relations

The second course of the National Pharmaceutical Association's Business Development Programme will be on February 11 in Leeds. The course in Warrington has been brought forward from February 19 to January 22. It consists of a day course for pharmacists (£125) and an evening session for assistants (£35 for two assistants).

Staying ahead

Oxford Regional Pharmacy Services are holding a one-day course, "Staying ahead in business" on February 11. It aims to assess this year's business environment, develop health promotion strategies, and update merchandising skills. Four speakers will present, and there will also be group work. The course will be held at Linton Lodge Hotel, Oxford (cost £95 plus VAT). Details from Karen Morgan on 0865 227177.

Monday, January 13

Southampton Branch, RPSGB. Visit to Ordnance Survey, Maybush, 7.30pm.

Tuesday, January 14

South Staffordshire Branch, RPSGB. Civic Hall, Uckfield, 7.30 for 8pm. "Humour and Invetive in Science" by Dr P.H. Redfern.

Leicester Branch, RPSGB. Ten pin bowling at Leicester Superbowl, 7.30pm.

Fife Branch, RPSGB. Anthony's Hotel, West Albert Road, Kirkcaldy 7.45pm. "Dietary implications of HIV infection" by Caroline Penman, dietician at City Hospital, Edinburgh.

Oxfordshire Branch, RPSGB. Postgraduate Medical Centre, John Radcliffe Hospital, 8pm. "Anti-hypertensive therapy" by James Conway.

Hull Pharmacist's Association. Member's dinner. Joint meeting with NPA, 7.15 for 7.30pm. "The view from Mallinson House" by Tim Astill.

Wednesday, January 15

Aberdeen Branch, RPSGB. New Marchite Hotel, 8pm. "Healthy eating and obesity treatment" by Hazel Coubrough and Ian Brown.

Ayrshire Branch, RPSGB. The Piersland House Hotel, Troon, 8pm. "Homoeopathy, has it a future?" by Dr Steven Kane, Faculty of Homoeopathy, Glasgow.

Barnet and Middlesex Branches, RPSGB. Joint meeting at Northwick Park Hospital, 7.30 for 8pm. Speaker, David Coleman, President RPSGB.

Thursday, January 16

Wirral Branch, RPSGB. The Wirral Postgraduate Medical Centre, Clatterbridge Hospital, 7.30 for 8.15pm. Wine tasting and education evening.

Eastbourne Branch, RPSGB. Postgraduate Medical Centre, Eastbourne District Hospital, 8pm. "Common dental emergencies" by Mr R. Webster, a local dental surgeon.

Unichem deadline

The latest time for the acceptance and payment of the one for four rights issue announced by Unichem at the beginning of December 1991 is January 13 at 3pm. The rights issue is intended to raise £35.1 million to allow Unichem to take advantage without delay of market opportunities as they arise. The directors consider the rights issue to be in the company's best interests.

Schedule D lobby

No changes should be made to the taxation of the self-employed and partnerships until other options have been explored, the Forum of Private Business has told the Inland Revenue. The lobby group fears that plans to change the basis of assessment for Schedule D taxpayers from the preceding year to the current year will cause serious cash flow

Classified

APPOINTMENTS

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TRAVEL

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About people

Isle of Man pharmacist elected to government

Richard Corkill, until recently proprietor of Elm Tree Pharmacy in the Isle of Man, has been elected a member of the House of Keys in the Isle of Man general election. He will be on the consumer affairs board and in the department of Highways, Ports and Properties.

Mr Corkill, a graduate from the University of Bradford school of pharmacy (1973), will represent the constituency of Onchan. He was proprietor and manager of the Elm Tree pharmacy in Onchan from 1978 until August last year.

His political experience includes representing the Manx Chemists Association for five years and working on the Medicines Commission, Medical and Dental Services and Prescribing committees. He was elected to the Onchan District Commissioners in 1988 and served on the following committees: Works, Housing and



Cleansing, Policy and Finance, Municipal association, Youth and Community centre (chairman 1989-90), Parks and Attractions (chairman 1990-91).

Mr Corkill was born in Manx and is married with two children.



Friday, December 13 wasn't an unlucky day for staff at Clark's Chemist in Cranbrook, Kent who won the "Best Dressed Shop" award last month in the village's late night shopping extravaganza. Pharmacist Eric Dubois can just be glimpsed in the background behind Snow White and the Seven Dwarfs — but what was he dressed as?

Howling start to New Year

Pharmacists welcoming the New Year in Shetland were greeted by a hurricane which caused extensive power cuts.

Mrs Eleanor Eunson, a proprietor in Lerwick, told C&D it was the worst weather she had ever seen. Her pharmacy remained standing, but buildings "just disappeared" in some areas. The power went off on New Year's morning and in some places was not restored until January 3. The results

was a "horrendous" rota in which she and her dispensing technician and two counter assistants dealt with 100 patients an hour.

Christmas shopping was also interrupted by another hurricane late last year.

Although conditions in Orkney were not as bad, winds were high and Hugh Clyde of Sutherland's pharmacy lost about 6ft of his shop sign which narrowly missed a customer.



Following a joint funding initiative by Kirklees LPC and the Family Health Services Authority, 25 pharmacy assistants received their Medicine Counter Assistant's certificate last month. The FHSA paid 70 per cent of the cost of the course with community pharmacists contributing 30 per cent. Instruction was given by local pharmacists John Appleyard and Liam Stapleton. Gill Hawksworth, chairman of the Huddersfield Branch of the Royal Pharmaceutical Society and a local continuing education tutor, presented the students with their certificates. She told C&D that the FHSA's general manager and chairman were very pleased with the course's outcome and hoped that the course would be repeated at the Authority's headquarters.

MBEs for pharmacists

Two pharmacists have been awarded MBEs in this year's new year honours list. John I. Harris, director of studies for pharmacy at the University of Bath school of pharmacy, gains an MBE for services to pharmacy. In 1989 Mr Harris, who has had a long standing career in academic pharmacy, received the Royal Pharmaceutical

Society's Charter silver medal for his contribution to continuing education of pharmacists in Bath and the West of England.

Edward Boden was, until recently, head of publications for the British Veterinary Association.

Mrs M. Tudor, lay member of the Rural Dispensing Committee, was also awarded an MBE.

APPOINTMENTS

W-L gear up for EC growth

John Ball and Richard Eyres, currently UK directors of Warner-Lambert Health Care and Warner-Lambert Confectionery respectively, are moving to Brussels as consumer product directors for health care and confectionery. They will report to Philip Milhome, who is president of consumer products in Europe.

Their positions in the UK will be taken by David O'Sullivan and Caroline Horrill respectively, both of whom will report to Nick Prassas who becomes regional vice-president for the UK, Scandinavia and Ireland.

Director of sales for healthcare in the UK will be John Taylor and confectionery sales will be handled by Jim Kirkby.

The reorganisation is in line with recently announced plans to run the consumer and pharmaceutical businesses separately on a worldwide basis.

Serono Diagnostics have appointed **Bob Ranger** as UK sales manager. He joins from American Monitor UK where he was national sales manager.

Gerard House have appointed **June Crisp** as sales director. She joined the company as sales and marketing manager in 1989.

Leon Laidler has been appointed marketing director of Food Brokers Ltd. He was the first sales man to be employed by the company and has been with them for 30 years.

Alison McLaren has joined Robinson Healthcare as medical wholesale representative for the North of England. She joins from Dependable Services of Leeds, one of the Robinson Healthcare medical wholesale distributors.

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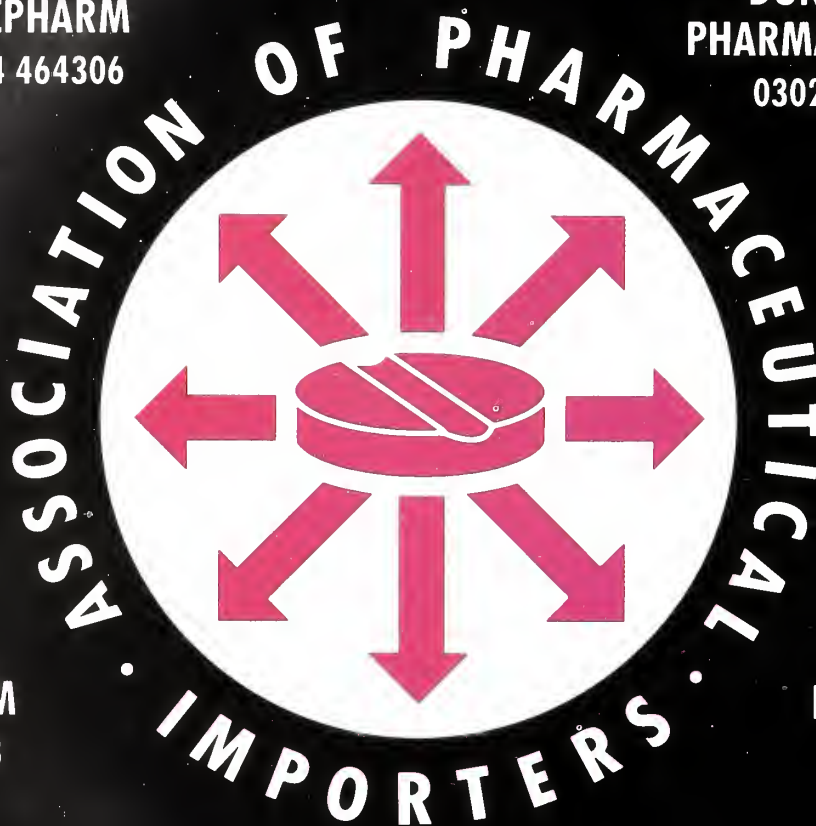
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